

24 OCT 1957



HAMPSHIRE COUNTY COUNCIL

---

# Annual Health Report

OF THE

## County Medical Officer

I. A. MacDOUGALL, M.B.E., M.R.C.S., L.R.C.P., D.P.H.

FOR THE YEAR

1956

# CONTENTS

---

	<i>Page</i>
Airports, Health Control of ... ..	53
Ambulance and Hospital Car Service ... ..	24
Blind persons ... ..	54
Care of Mothers and Young Children ... ..	9
Committees ... ..	1
Deaths, Causes of ... ..	56
Epileptics and Cerebral Palsy ... ..	53
Health Centres ... ..	8
Health Education ... ..	37
Health Visiting ... ..	18
Home Help Service ... ..	38
Infectious Diseases, Prevalence and Control of ... ..	52
Institutional Provision—Maternity ... ..	17
Mental Health Service ... ..	43
Midwifery and Home Nursing ... ..	16
National Health Service Act, 1946 ... ..	8
Ophthalmia Neonatorum ... ..	53
Other Enactments ... ..	52
Population ... ..	5
Prevention of Illness, Care and After-Care ... ..	27
Registration of Nursing Homes ... ..	53
Rest Home Scheme ... ..	35
Staff ... ..	2
Tuberculosis Services ... ..	27
B.C.G. Vaccination ... ..	30
Mass Radiography ... ..	30
Mount Industries ... ..	31
Voluntary Care Committees ... ..	34
Vaccination and Immunisation ... ..	22
Venereal Diseases ... ..	37
Vital Statistics ... ..	5

MEMBERSHIP OF COMMITTEES

1 A

Alan Lubbock Esq., (Chairman of the County Council)  
Sir Dymoke White, Bt. (Vice-Chairman of the County Council)

HEALTH COMMITTEE

S.L.Collier Esq. (Chairman)	H.G.Mackrell Esq.
T.H.Lowndes Esq. (Vice-Chairman)	Mrs.Madocks
A.A.Ards Esq.	Col.The Rt.Hon.Lord Manners, M.C.
Lady Doris Blacker	J.Muscott Esq.
Mrs.Dale	R.P.Page Esq.
Mrs.Dyke	C.Paice Esq.
J.D.Evans Esq.	E.J.Penn Esq.
Mrs.Graham Tayler	Dr.H.G.H.Richards
H.J.Hurley Esq.	Brig.E.W.Rogers
W.E.Ireland Esq.	F.I.Stallard Esq.
L.L.Hanbidge Esq.	Mrs.Taylor
Miss Longstaff	Mrs.Wallis Power
	C.Watts Esq.

Co-opted Members

Miss E.M.Balfour, O.B.E.	H.H.Langston Esq., F.R.C.S.
Col.W.P.S.Curtis, O.B.E.	Dr.P.A.T.Lowden
G.S.Dingley Esq.	The Lady Manners
Miss C.M.Field	Mrs.J.H.Tipler
G.H.Gardner Esq.	H.L.Toole Esq.
Dr.R.G.Gibson	J.A.Wheeler Esq.

GENERAL PURPOSES SUB-COMMITTEE

S.L.Collier Esq. (Chairman)	Miss Longstaff
T.H.Lowndes Esq. (Vice-Chairman)	H.G.Mackrell Esq.
A.A.Ards Esq.	J.Muscott Esq.
Lady Doris Blacker	E.J.Penn Esq.
J.D.Evans Esq.	Dr.H.G.H.Richards

Mrs.Madocks (Chairman of Mental Health Sub-Committee)  
F.I.Stallard Esq., (Chairman of Mount Industries Sub-Committee)

Co-opted Members

Miss E.M.Balfour, O.B.E.  
The Lady Manners  
H.H.Langston Esq., F.R.C.S.  
Mrs.J.H.Tipler.

MENTAL HEALTH SUB-COMMITTEE

Mrs.Madocks (Chairman)	H.G.Mackrell Esq.
Mrs.Dyke (Vice-Chairman)	N.P.Page Esq.
A.A.Ards Esq.	C.Paice Esq.
Mrs.Dale	
Mrs.Graham Taylor	
L.L.Hanbidge Esq.	
W.E.Ireland Esq.	

S.L.Collier Esq. (Chairman of the Health Committee)  
T.H.Lowndes Esq. (Vice-Chairman of the Health Committee)

Co-opted Members

Miss C.M.Field  
Mrs.Humphreys-Owen  
Mrs.Weekes  
The Chairman of the Managers of  
Lankhills Special School.

MOUNT INDUSTRIES SUB-COMMITTEE

F.I. Stallard Esq. (Chairman)	W.E. Ireland Esq.
E.J. Penn Esq. (Vice-Chairman)	Miss Longstaff
J.D. Evans Esq.	E.F. Usborne Esq.
S.L. Collier Esq. (Chairman of the Health Committee)	
T.H. Lowndes Esq. (Vice-Chairman of the Health Committee)	

Co-opted Members

Dr. A. Capes  
T.W. Coles Esq.

STAFF

The position as at 31st December, 1956, was as follows:-

County Medical Officer and Principal School Medical Officer

I.A. Mac Dougall, M.B.E., M.R.C.S., L.R.C.P., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer

L.J. Bacon, M.A., M.D., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

Senior Medical Officer for Maternity and Child Welfare

V.D.R. Martin, M.B., B.S., Ch.B., D.P.H.

Senior Medical Officer for Mental Health

J.L. Farmer, M.B., Ch.B., D.Obst. R.C.O.G., D.P.H.

Assistant County Medical Officers:

Whole-time

Esther Ashworth, M.B., Ch.B., D.P.H.

Catherine Avery, M.D., B.S., D.P.H.

W.E. Denbow, B.Sc., M.R.C.S., L.R.C.P., D.P.H.

Jean H. Nuttall, M.B., B.S.

Phyllis Watson, M.R.C.S., L.R.C.P.

Part-time

Sarah Boyle, L.R.C.P., L.R.C.S., D.P.H.

Laurel Campbell, M.R.C.S., L.R.C.P.

Margaret Cowan, M.B., B.Ch., D.Obst. R.C.O.G., D.C.H.

T.F.H. Duffell, M.R.C.S., L.R.C.P., C.P.H.

Muriel Evans, M.D., F.R.C.S.

Hilda M.P. Hunt, M.B., B.S., D.P.H.

Aldyth Munro, M.B., Ch.B.

Elsbeth Williamson, M.B., B.S., D.C.H.

Also Medical Officers of Local Sanitary Authorities

M. Crowley, M.B., B.Ch., D.P.H.

F.H. Durmer, M.B., Ch.B., D.P.H.

W.A. Glen, M.B., Ch.B., D.P.H.

R.A. Good, M.B., B.Ch., D.P.H.

S. Hewitt, M.B., B.S., B.Hy., D.P.H.

P.L. Karney, M.B., B.S., D.P.H.

J. Craig Lindsay, T.D., M.B., Ch.B., D.P.H., Aldershot Divisional  
School Medical Officer.

D.J.N. McNab, M.B., Ch.B., D.P.H.

S.C. Parry, M.A., M.R.C.S., L.R.C.P., D.P.H.

P.V. Pritchard, M.D., F.R.C.P., F.R.F.P.S.G., D.P.H. (Gosport Divisional  
School Medical Officer).

W.C.D. Walmsley, M.B., Ch.B., D.P.H.

J.L. Farmer, M.B., Ch.B., D.Obst. R.C.O.G., D.P.H.

Chief Dental Officer and Principal School Dental Officer

Mr. C.C.Chadwick, L.D.S.

Dental Officers:

Whole-time

Mr.T.E.Black, L.D.S., R.F.P.S.(Glas).  
 Mrs.J.Carruthers, L.D.S.  
 Mr.S.E.H.P.Dodds, L.D.S.  
 Mr.R.T.Hale, L.D.S., R.C.S.(Eng).  
 Mr.L.J.Haworth, L.D.S., R.C.S.(Eng).  
 Mrs.P.Jeffery, L.D.S., R.C.S.(Eng).  
 Mr.J.A.Leney, L.D.S.  
 Mr.K.Leney, L.D.S.  
 Mrs.E.McGregor, L.D.S.  
 Mr.R.A.Nichol, L.D.S., R.F.P.S.(Glas).  
 Mr.F.Norris  
 Colonel W.B.Purnell, L.D.S.  
 Mr.E.J.Taylor, L.D.S., R.C.S.(Eng).  
 Surgeon Rear Admiral(D) F.R.P.Williams, C.B.E., B.D.S., F.D.S.,  
 R.C.S.(Eng)., F.D.S., R.C.S.(Edin).  
 Major General J.Wren, C.B., C.B.E., B.D.S.(I), F.D.S., R.C.S.  
 Mr.B.T.Wyatt, L.D.S., R.C.S.(Eng).

Part-time.

Mr.D.G.Baker, L.D.S., R.C.S.(Eng)  
 Mr.W.Barnard, L.D.S., R.C.S.(Eng)  
 Mrs.A.W.Black, L.D.S., R.F.P.S.(Glas)  
 Mrs.M.F.Clark, B.D.S., R.C.S.(Eng)  
 Mr.A.H.Chivers, B.D.S., L.D.S.  
 Mr.A.J.Edwards, L.D.S., R.C.S.(Eng)  
 Mr.D.V.Gordon, M.R.C.S., L.D.S.  
 Miss J.Gordon-Ralph, L.D.S., R.C.S.(Edin)  
 Mrs.B.Harden, B.Ch.D.(Leeds), L.D.S.  
 Mrs.I.Leach, L.D.S.  
 Mr.W.J.A.Reed, L.D.S., R.C.S.(Eng)  
 Mr.I.T.M. St.George, L.D.S., R.C.S.(Eng)

Dental Anaesthetist (part-time)

Dr.J.E.Ainsley, L.R.C.P., L.R.C.S., L.D.S.

Oral Hygienist:

The Hon. Mrs.Michael Lucas.



Chief Administrative Assistant

Mr.C.G.Cartwright

County Nursing Superintendent

Miss G.M.Cooper

Acting Superintendent Health Visitor

Miss M.A.Wadham

County Organiser, Home Help Service

Miss L.M.Hamilton

County Ambulance Officer

Mr.E.T.Mallinson

Manager, Mount Industries

Mr.E.W.Corlett

Chest Physicians:

(Joint Appointments, Regional Hospital Board and County Council)

Dr.J.Butterworth, M.B., B.S.Lond., D.P.H.

Dr.H.S.Fraser, M.D., M.B., Ch.B., D.P.H.

Dr.D.C.Lillie, M.B., Ch.B.Glas., D.P.H.

Dr.B.L.Lloyd, M.B., Ch.B., D.P.H.

Dr.D.MacCallum, M.B., Ch.B.Glas.

Dr.M.E.Moore, M.A., M.D., M.B., B.Chir.

Dr.J.S.Robertson, M.D., M.B., Ch.B., D.P.H.

Dr.J.Sharp, M.R.C.S., L.R.C.P.

Other specialist staff are as shown in the Report on the School Health Services.

The population of the County as estimated by the Registrar-General, was in mid 1956, 699,000; Urban Districts, 409,800; Rural Districts, 289,200. This number includes non-civilians. In the last eight years the population of the County has risen by 71,620.

In view of the forthcoming review of local government it is of interest to detail the populations of the individual areas.

Of the Municipal Boroughs, one only has a population of over 60,000, two between 30,000 and 40,000; three between 20,000 and 30,000; two between 10,000 and 20,000, and one with a population of less than 10,000. For example:—

Aldershot M.B.	33,670	Eastleigh M.B.	32,860
Andover M.B.	15,940	Gosport M.B.	63,160
Basingstoke M.B.	19,930	Lymington M.B.	24,170
Christchurch M.B.	23,140	Romsey M.B.	6,480
		Winchester City	27,580

The populations of the Urban Districts are:—

Alton U.D.	8,690	Fleet U.D.	9,650
Fareham U.D.	50,060	Havant & Waterloo	52,630
Farnborough U.D.	29,630	Petersfield U.D.	7,160

The populations of the Rural Areas range from 17,000 to 48,000, as follows:—

Alton R.D.	25,710	Kingsclere &	
Andover R.D.	21,730	Whitchurch R.D.	19,350
Basingstoke R.D.	17,590	New Forest R.D.	48,130
Droxford R.D.	20,560	Petersfield R.D.	21,870
Hartley Wintney R.D.	25,620	Ringwood &	
		Fordingbridge R.D.	25,000
		Romsey &	
		Stockbridge R.D.	21,150
		Winchester R.D.	42,490

Between the years 1949 and now the major changes have been:—

Aldershot M.B. reduced to 38,670 from 41,850 (1950)  
 Christchurch M.B. increase to 23,140 from 19,130  
 Fareham U.D. increase to 50,060 from 42,450 (1950)  
 Fleet U.D. reduced to 9,650 from 11,350 (1950)  
 Gosport M.B. increase to 63,160 from 53,450 (1950)  
 Havant & Waterloo U.D. increase to 52,680 from 30,800  
 Andover R.D. increase to 21,730 from 15,020  
 Hartley Wintney R.D. increase to 25,620 from 19,180  
 New Forest R.D. increase to 48,130 from 43,150.  
 Romsey & Stockbridge R.D. reduced to 21,150 from 32,190 (1953) +  
 Winchester R.D. reduced to 42,490 from 48,160 (1953) +

+ Due to Southampton County Borough extension.

#### LIVE & STILL BIRTHS

	Male	Female	Total	Rate per 1000 pop.	England and Wales
Live Births: Legitimate	5771	5486	11257	16.1)	15.7
Illegitimate	265	244	509	0.7)	
Stillbirths: Legitimate	106	113	219	0.31)	-
Illegitimate	5	8	13	0.02)	

The stillbirth rate per 1,000 total live and stillbirths for the County was 19.4 as compared with 23.0 for England and Wales.

## DEATHS

	Male	Female	Total	Rate per 1000 pop	England and Wales
	3881	3814	7695	11.0	11.7

As will be seen from the following details extracted from the table of deaths on page 56 the main causes of deaths continue to be diseases of the circulatory system and cancer.

Cause	Number of deaths			
	1956	1955	1954	1953
Diseases of the circulatory system ...	4140	4107	3797	3836
Cancer ... ..	1240	1252	1189	1130
Pneumonia ... ..	344	296	257	231
Bronchitis ... ..	320	266	204	322

Maternal Mortality

	Number	Rate per 1000 Total Births
Pregnancy, Childbirth and abortion ... ..	5	0.42

From the information supplied by the Registrar General the 5 maternal deaths attributable to this County were caused as follows:-

Eclampsia due to toxæmia of pregnancy ...	2
Intra-abdominal hæmorrhage due to ruptured ectopic pregnancy ... ..	1
Pulmonary embolism, deep calf vein thrombosis, Caesarean section ... ..	1
Uraemia, acute pyelitis and pyelonephritis, pregnancy ... ..	1

The ages at death of these patients were as follows:-

20 - 29 years ...	3
41 - 42 years ...	2



Deaths of Infants under one year

	Number	Administrative County	England and Wales
All Infants per 1,000 Live Births	230	20.6	23.8
Legitimate Infants per 1,000 Legitimate Births	214	19.0	
Illegitimate Infants per 1,000 Illegitimate Births	16	31.4	

Neonatal Mortality

The number of babies dying under the age of one month in 1956 as reported by the Registrars of Births and Deaths was 95. These can be sub-divided in the following way:-

Dying before 24 hours	47
Dying from one day to two weeks	39
Dying from two weeks to one month	9

The causes of death as certified vary according to the age at death in the following manner:-

Cause	Under 24 hours	1 day to 2 weeks	2 weeks to 1 month	Total
Prematurity ... ..	18	7	1	26
Congenital Deformities ...	2	2	2	6
Cerebral Haemorrhage ...	5	2	1	8
Bronchitis, Broncho-pneumonia	1	11	3	15
Atelectasis ... ..	8	3	1	12
Haemolytic Disease, Icterus	1	3	-	4
Asphyxia ... ..	4	1	-	5
Congenital Heart Defect ...	-	6	-	6
Respiratory Failure ... ..	4	2	-	6
Other Causes ... ..	4	2	1	7
Total ...	47	39	9	95
The figures for 1955 were ...	54	39	8	101

## NATIONAL HEALTH SERVICE ACT, 1946

### LOCAL HEALTH AUTHORITY SERVICES

The only variation in the responsibility of the Local Health Authority under the National Health Service Acts during the year has been the introduction of the Poliomyelitis Vaccination Scheme, details of which are included in the report. As in previous years the facilities provided by the County Health Service, the use made of these facilities with the comments of those supervising the various services can be seen from the following pages. Also included are notes of the work on other health enactments.

As a Local Health Authority the County Council through its Health Committee is primarily concerned with the prevention of illness and the provision of domiciliary services.

Health is not only a local matter but is national and international as well. The development of Health Services over the last 100 years is linked with the historical and economic developments of the country. The world wide aspect is covered in Article 25 of the Universal Declaration of Human Rights approved by the United Nations General Assembly on 10th December, 1948. It reads:

- "1. Everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
2. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection."

The year has seen the maintenance and strengthening of the co-operation between all branches of the Health and other Social Services, thus ensuring at all times a watchfulness to avoid complacency. Health education, help and guidance through the medical, nursing and other auxiliary staff employed by the Local Health Authority continues to be the main weapon against fear and ignorance which themselves cause worry and suffering. The valuable help of the numerous voluntary organisations has helped maintain the high standard of service. Turning to the World Health Organisation again, its Expert Committee on Health Education in its First Report states:

"The aim of health education is to help people to achieve health by their own actions and efforts. Health Education begins therefore with the interest of people in improving their conditions of living, and aims at developing a sense of responsibility for their own health betterment as individuals, and as members of families, communities or governments.

Health is but one of the elements in the general welfare of the people, and health education is only one of the factors in improving health and social conditions. It is however an indispensable factor and should therefore be integrated with other social, economic, health and educational efforts."

### HEALTH CENTRES (SECTION 21)

As mentioned in my report for 1955, with the necessary limitations on capital expenditure no progress in connection with the establishment of health centres can be expected for some years. In the meantime the few experimental centres operating in the country will afford a means of study of this important aspect of national health services. In the County area there are some areas where the clinic facilities are constantly under review, e.g. Aldermaston (Tadley), Leigh Park (Havant) and Gosport M.B.

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22)

Ante-Natal Clinics

The following table shows that there were 20 clinics at the close of the year 1956. None of these is conducted by an Assistant County Medical Officer, the sessions being conducted by a General Practitioner Obstetrician in the district.

At Aldershot (two) and Portchester, the three Medical Officers received a sessional fee, because they saw a substantial percentage of women who had not booked them under the National Health Services.

None of the other Medical Officers received a sessional fee because practically all the women who attended had booked their services under the National Health Service Act.

During 1956 the total attendances at the clinics was 7,386 made by 2,632 women, of whom 1,966 attended for the first time in the year: 649 women re-attended for Post-natal examinations.

ALDERSHOT	Manor Park House, Manor Park Road.	Every Tuesday Every Thursday	L.W.B.Dobbin H.J.C.Page
ALTON	Alton General Hospital, Anstey Road	1st Thursday 2nd Thursday 3rd Thursday 4th Thursday	W.S.Larcombe T.C.Wilson H.E.Larcombe A.F.Goode
ANDOVER	County Council, Health Clinic 70 Junction Rd.	2nd and 4th Mondays	A.B.Simmons
BASINGSTOKE	County Council, Health Clinic, Brambleys Grange, off Winchester Rd	Every Wednesday	H.K.Williams
BEDHAMPTON	"Cotswold", Main Road	2nd and 4th Tuesdays	J.M.Stoner
EASTLEIGH	County Council, Health Clinic, Red House, Romsey Road.	1st Monday 2nd Monday 3rd Monday	H.W.C.Fuller D.P.McGrath S.J.Golden
EMSWORTH	6 North Street	1st Monday 2nd Monday 4th Monday	R.L.H.Barnard A.S.Harris A.D.Newsholme
FAREHAM	County Council, Health Clinic, West Street.	1st Monday 2nd Monday 3rd Monday 4th & 5th Mondays	J.Hilton J.L.Clarkson E.P.Moran P.J.Filose
GOSPORT	The Blake Maternity Hospital, Ham Lane.	Every Thursday by rota	B.M.Johnson R.A.Wilson N.L.Russell C.N.Suter A.D.Maclean M.R.Behrendt T.M.Doran B.G.Wells I.V.Hankins G.H.Luffingham



HAMBLE	Village Memorial Hall, High Street.	4th Wednesday	B.J.Foster
HAVANT	County Council, Health Clinic, 4 Park Way	1st Monday  3rd & 4th Mondays	M.S.Dewhurst and alternately M.C.O'Flynn P.J.Fawkner- Corbett
HAYLING South	"Lindisfarne", Beach Road	1st Friday 4th Friday	A.W.H.Brenan L.A.A.Adams
	Solent House, Rails Lane.	3rd Friday	D.H.Broughton
LEIGH PARK	The Surgery, Riders Lane	1st and 2nd Mondays 2nd and last Wednesdays	P.J.Fawkner- Corbett M.C.O'Flynn
LIPHOOK	Church Room, Portsmouth Rd.	1st Friday	R.C.Droop
LISS	British Legion Hall, Rake Road.	1st Thursday 3rd Wednesday	H.B.Corry S.Pope
LYMINGTON	County Council Health Clinic, Hillcroft, New Street.	2nd and 4th Wednesdays	B.M.Thornton
PORTCHESTER	Methodist Church Hall, Castle Street.	1st and 3rd Mondays	J.E.Pike
RINGWOOD	Conway Hall, Meeting House Lane.	1st and 3rd Tuesdays	J.C.Kitchen
ROMSEY	Church Hall, 33 The Abbey	1st Monday 2nd Monday 3rd Monday 4th Monday	P.G.Johnson E.S.Rose H.V.Knight J.E.Rankine
WEST END	Parish Hall, Main Road.	1st Tuesday	H.E.Bamber

#### Ante-natal Classes in Relaxation and Exercises.

Dr.Hilda Price Hunt, Assistant County Medical Officer, conducted a series of demonstration classes in Totton. Midwives are now conducting ante-natal relaxation classes for expectant mothers in Boldre, Christchurch, Eastleigh, Fareham, Gosport, Hartley Wintney, Hedge End, Lymington, Odiham, Ringwood, Romsey, Totton and Chandlers Ford. Health Visitors conduct a class at Portchester and a second class at Totton. A class at Winchester is conducted jointly by a midwife and a health visitor.

### Child Welfare Centres.

At the close of the year 1956 there were 172 Welfare Centres which were open for 409 sessions per month. The total number of children who attended was 19,423 and these made a total of 136,050 attendances.

The special arrangements for the provision of Proprietary Infant Foods and Medicaments continued during the year: to the cost price of the Proprietary Foods a 10% charge was added on sale to the mothers; Medicaments are provided free of charge to the mothers.

In view of low attendances which did not justify continuation of the time of Assistant County Medical Officer and Health Visitor, Centres at Froxfield and Stratfieldsaye were closed during the year.

Eight new Centres were opened, namely:-

Burnham Copse (Aldermaston)	Middle Wallop
Bridgemary	Testwood
Cowplain	Warsash
Locks Heath	Wicor

### General Practitioner Baby Clinics

The General Practitioner Baby Clinics held at Compton and Twyford continued during the year with the attendance of the County Council Health Visitor. The total attendance at Compton was 73 and at Twyford 155, during the year.

### Dental Treatment.

#### Priority Dental Service for Mothers and Young Children.

The dental care of expectant and nursing mothers and of children under school age continued to be undertaken by County Dental Officers throughout the County.

Cases continued to be referred by Medical Officers in charge of Maternity and Child Welfare Centres, by Health Visitors and Midwives, and in some cases on direct application.

The Dental Officers continued to examine the Toddlers and to give talks on the general dental care of children's teeth at the larger Child Welfare Centres at their six monthly visits. In some areas where the Dental Officers were abnormally busy, due to shortage of Dental Staff, the Oral Hygienists deputised as a temporary expedient for the Dental Officers to give talks and to advise the parents how to obtain dental treatment where necessary, but experience showed that where possible it was preferable for the Dental Officers to attend to carry out the examinations at the Child Welfare Centres.

During the year there was a very encouraging increase in the actual time spent on the dental care of mothers and young children, in fact over double that of last year, and not only have the actual number of patients treated increased considerably, but the individual attendances also.

The Annual Statistical Returns are as follows:-

Number provided with dental care during 1956 (the relative figures for 1955 are shown in brackets).

Number of sessions devoted to Maternity and Child Welfare Dental Inspection and treatment, 336 (143).

(In addition the Oral Hygienists paid 13 visits to Child Welfare Centres to give talks and show films etc.)



A. Numbers Provided with Dental Care.

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant & Nursing Mothers	170 ( 94)	170 ( 92)	162 ( 89)	95 ( 56)
Children under Five	1017 (722)	969 (700)	915 (664)	673 (556)

B. Forms of Dental Treatment Provided.

	Expectant and Nursing Mothers	Children under five years
Extractions ... ..	333 (160)	900 (647)
Anaesthetics General ... ..	40 ( 18)	388 (299)
Fillings ... ..	237 ( 27)	458 (192)
Scalings or Scaling and gum treatment ... ..	42 ( 15)	44 ( 3)
Silver Nitrate treatment ... ..	27 ( -)	806 (362)
Other operations ... ..	70 ( 30)	250 (138)
Radiographs ... ..	5 ( -)	- ( -)
Dentures provided: Full upper and full lower ... ..	25 ( 17)	- ( -)
Partial upper and partial lower ... ..	44 ( 18)	- ( -)
Attendances for Treatment ... ..	598 (192)	1515 (798)

Dentures supplied to Expectant and Nursing Mothers during 1956.

	Patients
Full upper and Lower ... ..	10
Full upper and partial lower ... ..	1
Full lower and partial upper ... ..	1
Full upper only ... ..	2
Full lower only ... ..	1
Partial upper and partial lower ... ..	13
Partial lower ... ..	7
Partial upper ... ..	9
	44 (35)

Defects of Vision.

Children under five years of age reported by Assistant County Medical Officers and Health Visitors when attendance at a Child Welfare Centre was not convenient, were examined at Ophthalmic Clinics attended by Dr.C.S.Stoddart, full-time oculist on the staff of the Regional Hospital Board, and at Gosport and Havant Clinics (one session per week) by Mr.A.E.Barrett and Mr.T.G.S.Murray respectively, Ophthalmic Surgeons from the Portsmouth Eye & Ear Hospital.

Where necessary, arrangements continue to be made for all children who had not reached their first birthday to be referred direct to the nearest hospital with an Ophthalmic Department for a more detailed examination than could be carried out at the Eye Clinic.

A summary of the attendances and treatment prescribed is as follows:-

	New Cases	Re-exam inations	Total (1956)	Total (1955)
Number of children seen ... ..	195	255	450	456
Total attendances ... ..	195	387	582	539
Glasses ordered for first time ...	92	17	109	95
No treatment or re-examination ...	15	56	71	46
For re-examination - no glasses ...	32	53	140	159
Lenses changed ... ..	-	123	123	105
Present glasses suitable ... ..	-	110	110	118
Glasses to be discontinued ... ..	-	13	13	6
Recommended for orthoptic treatment	7	35	42	24
Referred for advice and/or treatment	16 +	7	23	30

+ Of this number 15 were referred to Hospitals from Child Welfare Centres.

In addition to the above 34 children were recorded as seeking ophthalmic treatment other than at the Clinics; the actual number, however, is likely to be very much larger.

#### Hospital Treatment

Eight children examined at the Clinics were referred to Ophthalmic Surgeons at Hospitals for advice and/or treatment; in addition 2 children, not referred from the Clinics were reported as having in-patient operative treatment for squints.

#### Glasses.

During the year 232 new prescriptions for glasses were issued. Of this total 198 pairs were Salvoc (splinterless) lenses obtained through the Hospital Eye Service and 34 with ordinary (flat) lenses through the Supplementary Ophthalmic Service.

#### Orthoptic Treatment

Of the 42 children recommended for orthoptic treatment, 27 were referred to the Orthoptist on the staff of the Winchester Group Hospital Management Committee and 15 to Ophthalmic Departments of other Hospitals.

#### Ringworm.

During the year, five children under five years of age were reported as having ringworm, of which two were of the scalp (nine cases of scalp infection were reported in 1955 and none in the three previous years). Two of these cases (one body and one scalp infection) were in Gosport, where, in the early part of the year, there was a continuation from 1955 of an outbreak of ringworm amongst school children thought to have originated from cats; the other three cases were scattered throughout the County and were all contacts of school age children with ringworm apparently contracted from animals. Four cases received hospital treatment.

#### Diseases and Defects of Ear, Nose and Throat.

##### Children under School Age.

Received operative treatment for:

(a) diseases of the ear ... ..	Nil
(b) Adenoids and chronic tonsillitis ...	98
(c) Other nose and throat conditions ...	1

Received other forms of treatment ... .. 4

### Care of Premature Babies

The special arrangements for recording the survival rate of babies born prematurely continue and from the following figures it will be seen that 534 of the 567 babies born survived to the age of 28 days.

Weights in lbs. ozs or grammes	Total number of Premature Infants born alive who:			% Survived to one Month
	Died in first 24 hrs	Survived 28 days	Total	
3 lbs. 4 ozs. or less (1500 gms. or less)	12	20	32	62.5
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs (Over 1500 gms. up to and including 2000 gms)	10	101	111	91.8
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs. (Over 2000 gms. up to and including 2250 gms)	4	119	123	96.7
Over 4 lbs. 15 ozs up to and including 5 lbs. 8 ozs (Over 2250 gms. up to and including 2500 gms)	7	294	301	97.9
TOTALS:	33	534	567	94.1

### Illegitimate Babies Born in the County during 1956.

Number born in County Area	366
Number with mother on 31st December.	126
Number with foster mother on 31st December.	18
Number with adopters or registered Adoption Society	56
Number apart from mother other than with relatives	7
Number left County Area	142
Number lost trace of	4
Number who died	9
Number legalised by marriage	4



### Financial Help

Grants of £1839. 8. 4. were made in respect of 70 girls admitted during the calendar year 1956 to Hostels for the care and training of Unmarried Mothers and their babies.

Apart from one special case where the girl remained for 33 weeks the average length of stay in the Hostels for which the County Council made a grant towards maintenance was 11 weeks 3 days.

After the mother's discharge from a Hostel a follow-up report is received in approximately 6 months' time. In practically every case this shows that the mother has benefited from her care and training in the Hostel, and that satisfactory arrangements have been made for the care of the baby.

### Day Nurseries.

At the close of the year 6 Nurseries were operating under the direct control of the County Council, the day to day supervision being carried out by the appropriate District Health Sub-Committee. These Nurseries provided 47 places for children under two years of age and 233 for children between two and five years. At the end of the year there were 31 children in the first group and 204 in the second group whose names were on the register. The average daily attendance during the year for these groups respectively was 30 and 163.

The Nursery at Stanmore (Winchester) was closed on 31st October.

No new Day Nurseries were opened during the year.

### Distribution of National Welfare Foods.

Distribution of National Welfare Foods continued during 1956 under the arrangements described in previous reports. On 31st December 1956 distribution was carried out from 21 main centres (all except one manned by the W.V.S.) and some 270 other centres. Once again I should like to take the opportunity of mentioning the most valuable help rendered by the voluntary personnel manning nearly all these centres.

The issues of National Welfare Foods during the last two years are as follows:-

			<u>1955</u>	<u>1956</u>
National Dried Milk (tins)	...	...	278,014	275,277
Cod Liver Oil (bottles)	...	...	39,012	79,517
Vitamin A & D Tablets (packets)	...	...	32,264	36,901
Orange Juice (bottles)	...	...	511,393	566,367

### Family Planning Association.

The Association continued to hold meetings in the County Council Health Clinics in the County area and the following show the number of meetings held:

Aldershot	3 per month	Fareham	weekly
Basingstoke	2 " "	Totton	2 per month
Eastleigh	weekly	Winchester	weekly

The County Council makes an annual grant of £100 to the Central Association in respect of their clinics which serve people in the County area. During the 12 months ended 30th November, 1956, the number of nursing mothers referred to these clinics by doctors was 528 and the total attendance of Hampshire patients was 1584 referred by doctors, and 7377 referred otherwise or attending on their own initiative.

### Maternity Outfits.

During the year, 3,350 maternity outfits were issued to patients having domiciliary confinements, 3,322 by District Midwives, and 28 to patients whose doctors had booked them as National Health Service patients.

## MIDWIFERY AND HOME NURSING (SECTIONS 23 and 25)

The number of nurses and midwives employed on 31st December, 1956, was:-

Midwives	...	...	...	...	...	...	30
General Nurses	...	...	...	...	...	...	33 $\frac{1}{2}$
District Nurse/Midwives	...	...	...	...	...	...	97 $\frac{1}{2}$
District Nurse/Midwife/Health Visitors	...	...	...	...	...	...	10

They are supervised by the County Nursing Superintendent and Supervisor of Midwives, her Deputy and her Assistant.

### Work of Midwives.

During 1956, 30 District Midwives and 107 full-time and 1 part-time District Nurse Midwives attended 3,963 cases, an increase of 313 compared with 1955. Of these, 3,846 had booked a doctor under the National Health Service; in 3,570 cases the doctor was not present at the delivery.

Two cases were attended in their own homes by independent midwives.

The total number of calls for medical help issued by midwives was 1,325 in domiciliary cases and 1,411 for cases in institutions.

The number of cases in which gas/air analgesia was administered was 3,049 when no doctor was present, and 280 when the doctor was present at the time of delivery. The number of cases in which trilene was administered was 57 when no doctor was present and 1 when the doctor was present at the time of delivery. The percentage of cases receiving analgesia was 85.5. (1955 - 82.5. 1954 - 81.2)

### Part II Midwifery Training Scheme.

Thirtysix Pupil Midwives received three months District Training, by arrangement with the Royal Hampshire County Hospital, with 16 County Midwives approved as teachers by the Central Midwives Board.

### Refresher Courses.

Sixteen midwives attended one week refresher courses, approved by the Central Midwives Board.

### Home Nursing Service.

Thirtyone full-time and five part-time District Nurses, 97 full-time and 1 part-time District Nurse Midwives, and 10 District Nurse/Midwife/Health Visitors attended a total of 16,099 patients (16,309 in 1955). They paid 283,474 visits (283,317 in 1955).

#### 1. Classification of Main Types of Cases Nursed and Visits Paid.

	Cases	Visits.
Medical Cases	11,811	204,091
Surgical	3,343	52,852
Infectious Diseases	29	102
Tuberculosis	238	10,575
Maternal Complications	109	833

#### 2. Classification according to age and duration of illness.

Patients (included in 1 above) who were	Cases	Visits
(a) 65 or over at the time of the first visit during the year	7,226 (44.9%)	168,481 (62.7%)
(b) Children under 5 at the time of the first visit	389 (5.5%)	5,480 (2.5%)
(c) In receipt of more than 24 visits during the year	2,382 (14.8%)	178,395 (66.5%)



An analysis of the nurses work was carried out in the districts of Aldershot and Farnborough, Alton (U.D. & R.D.), Fleet and Hartley Wintney, Basingstoke (M.B. & R.D.), Gosport, Fareham, Havant, Droxford, and Petersfield (U.D. & R.D.).

The total number of patients was 7,723.

1955

General nursing care only ... ..	1,500	(19.42%)	19%
General nursing care and injections ...	258	( 3.34%)	1.5%
General nursing care and other treatments	130	( 1.68%)	.5%
Surgical Dressings ... ..	843	(10.92%)	11.6%
Surgical Dressings and injections ... ..	134	( 1.74%)	1.6%
Injections only ... ..	3,193	(41.34%)	39.5%
Other treatment, including enemata, lavage, preparation for X-rays, care of feet, etc.	1,478	(19.14%)	23.6%
Supervisory ... ..	137	( 2.42%)	2.7%
Children (5 - 15) whose treatment is included in the figures above ... ..	411	( 5.32%)	4.6%

#### Nursing Aid.

The Order of St. John Ambulance Brigade and the British Red Cross Society have maintained their aid during the year. The duties performed by their members include bed making, washing and sitting up at nights with patients.

#### Institutional provision of Maternity Beds.

3,176 women were admitted to Maternity Homes as follows:-

<u>Maternity Home</u>	<u>Year 1954</u>	<u>Year 1955</u>	<u>Year 1956</u>
Allbrook, Rookwood ... ..	396	412	601
Barton-On-Sea, The Grove ...	225	226	248
Basingstoke, The Shrubbery ...	499	542	562
Boscombe, Aston Grays... ..	6	5	-
Emsworth, Northlands ... ..	322	386	425
Gosport, The Blake ... ..	371	426	449
Fareham, Blackbrook House ...	447	466	413
Liss, The Grange ... ..	260	278	249
Lyndhurst, Hillrise ... ..	197	193	224
Windlesham ... ..	20	16	5
	<u>2743</u>	<u>2950</u>	<u>3176</u>

4,376 women were admitted to Hospital beds as follows:-

<u>Hospital</u>	<u>Year 1954</u>	<u>Year 1955</u>	<u>Year 1956</u>
Alton General Hospital ... ..	315	329	341
Aldershot Maternity Unit ... ..	232	275	283
Andover W.M.Hospital ... ..	226	250	253
Battle Hospital, Reading ... ..	58	57	56
Boscombe R.V.Hospital ... ..	112	78	117
Farnham County Hospital ... ..	75	72	82
Fordingbridge Hospital ... ..	99	134	154
Farnborough Maternity Unit ... ..	247	269	257
Frimley and Camberley Hospital ... ..	33	24	35
Hythe and District Hospital ... ..	195	223	214
Lyndhurst, Fenwick Hospital ... ..	186	189	210
Portsmouth, St.Mary's Hospital ... ..	427	524	682
Reading, Royal Berkshire Hospital	-	-	2
Romsey and District Hospital ... ..	173	153	183
Salisbury General Infirmary ... ..	82	75	88
Sandleford Hospital, Newbury ... ..	18	29	33
Southampton General Hospital ... ..	337	249	340
Winchester, R.H.C.Hospital ... ..	962	859	1040
Winchfield Hospital ... ..	39	Closed	-
Wokingham Hospital ... ..	-	-	6
	<u>3816</u>	<u>3789</u>	<u>4376</u>

3,731 applications were received for admission to maternity beds on social grounds. Accommodation was provided for 3,340 cases. Confinement at home was possible in the remaining 391 cases mainly by use of the Home Help Service.

#### HEALTH VISITING (SECTION 24).

##### Staff.

Hampshire is a County that differs widely both in topography and density of population, therefore, when considering the staffing of the County in the Health Visiting field, it is necessary to vary the personnel with the differing circumstances. For example, the Ringwood Rural District with its miles of tree lined roads and its acres of scrub and forest land, has a population of 25,000 (mid 1956 figures) living on 90,140 acres of land giving an average of one person to every 3.6 acres of land. In such an area the District Nurse also acts as the Midwife and Health Visitor. In contrast to this, Gosport Municipal Borough with its miles of house lined roads and acres of housing estates and factories, has a population of 63,160 persons (mid 1956 figure) living on 6,215 acres of land. In such an area a full time Health Visitor acts solely as Health Visitor, and with the many problems and requests for help and advice she receives she is fully occupied with her duties in the Health Visiting field.

The County was staffed during 1956 as follows (31st December figures given) 59 full-time Health Visitors who carried out general health visitors' duties in connection with mothers and young children, old people - school children in the urban and more urbanised rural areas.

1 School Nurse who carried out full-time duties in connection with school children in an area with a very high school child population.

10 Health Visitors who were also District Nurses and Midwives and carried out the three duties in very rural areas.

4 Health Visitors who carried out full-time duties as Chest Clinic nurses in connection with Tuberculosis and other diseases of the chest including the home visiting of such patients, the checking up of contacts. These Chest Clinic Health Visitors worked in both urban and rural areas.

3 Health Visitors who carry out duties in connection with Chest Clinic work and combined these duties with general Health Visiting.

As well as the normal duties accepted as the day-to-day work of the Health Visitor, such as the visiting in their homes of all children under the age of 5 years, the attendance at Child Welfare Clinics, both activities for the purpose of giving advice on feeding, training, minor behaviour problems and so on, the Health Visitors are taking a more active part in solving problems and stimulating interest in positive health as follows:-

#### Ante-Natal, Mothercraft and Relaxation Classes

The Health Visitors are co-operating with the District Midwives in the running of these classes which are becoming increasingly popular and well attended. The Health Visitor, when she has the complete organisation of the class in her hands, tends to make it more into a Parentcraft teaching class and less into an "exercise" class - an example of this follows.

In a certain area where the class was well established and a particularly happy one, the group of young expectant mothers got together towards the end of the series and almost unanimously demanded that a class for expectant fathers should be given. The Health Visitor agreed to do this, and one evening a group of young expectant fathers, which represented more than 50% of the young expectant mothers attending the class, foregathered in one of their homes. The discussion went on for three hours. The questions asked were thoughtful, sincere, sensible and showed a strong desire to help the expectant mother. Since this class, Expectant Fathers Sessions at the end of each series have become a regular feature.

#### Old People.

The Health Visitors are finding that their services are required more and more in connection with visiting old people living alone. Many of these old folk are house bound and welcome the visit, and the Health Visitor is always alert to see that the old person is well in health, looking after him or herself and getting enough to eat. If there appears to be the need for assistance, the Health Visitor will call in the appropriate person - the family doctor, the N.A.B. officer, the W.V.S., the Church, the organiser of the Old Peoples' Clubs or the Home Help Service. Many of these old people who are house bound would benefit greatly if there were a mobile domiciliary chiropody service. The Hampshire Council of Social Service do what they can in the field, but this is one service that needs to be expanded.

#### Other non-routine activities

The Health Visitors help in the field of positive health in many other ways, for example, they take part in surveys which produce valuable data, such as a recent survey on Leukaemia, a Dental survey in connection with the fluoridation of water, a survey connected with poliomyelitis which included the collection of faeces, and so on.

#### Co-operation.

I am very glad to be able to report that the activities of the Health Visitor are gradually getting more known and more use is being made of her ability and training, particularly by the family doctor. Two thousand and fortyone visits have been paid by Health Visitors at the request of the family doctor this year.



A meeting was arranged with the Hospital Almoners, Health Visitors, and Nursing Administrative staff towards the end of the year, very valuable discussion took place and methods of better co-operation between the Hospital and Local Health Authority Domiciliary Services were suggested and put into practice.

On Page 21 is a summary of the visits done during the year by the Health Visitors. This summary does not include the visits made to the homes by Health Visitors acting in the capacity of School Nurses.

#### Winchester Experiment.

In my last Annual Report I mentioned that a Health Visitor had been attached to a group of Family Doctors practising in Winchester. The principal object of this arrangement is the close linking of the Family Doctor and Local Health Authority's Services. In particular it enables the Health Visitor to give all the necessary help and advice to young mothers in the management of their babies and young children under the Family Doctor's direct guidance, and to help the Doctor's patients with any social problems their illness brings.

This Experiment has proved very successful from all points of view, and a request was received from another firm of doctors in Winchester for a Health Visitor to be attached to their practice.

This attachment of Health Visitors to a group of General Practitioners has proved so successful that it is proposed to adopt this policy wherever considered appropriate, and to amend the Health Visiting Schemes made under the National Health Service Act.

## Visiting

HEALTH VISITING AND TUBERCULOSIS VISITING - 1956

HEALTH VISITORS										TUBERCULOSIS VISITORS		
Number of children under 5 years of age visited during year	Expectant Mothers		Children under 1 year of age		Children age 1 and under 2 years		Children age 2 but under 5 years		Tuberculous Households	Other Cases	Total number of families or households visited by Health Visitors	Total visits paid to tuberculous households
	First visits	Total visits	First visits	Total visits	Total Visits	Total visits	Total visits	Total visits				
	49,971	4,153	5,927	12,482	56,685	32,312	50,137	756	3,555	40,558		

(During the year 19,567 "no access" visits were paid).

Clinics.

- (a) Total number of attendances made by health visitors at local health authority clinic sessions during the year 6,435  
 (b) Total number of attendances by whole-time tuberculosis visitors at chest clinic sessions during the year 1,039  
 (c) Total number of attendances by part-time tuberculosis visitors at chest clinic sessions during the year ... 693

These figures exclude the work of Health Visitors as School Nurses



VACCINATION AND IMMUNISATION (SECTION 26)(i) Smallpox Vaccination

The total number of vaccinations and re-vaccinations, as calculated from record cards received during 1956, together with details for 1951, 1952, 1953, 1954 and 1955 are as follows:-

<u>Year</u>	<u>Vaccinations</u>				<u>Total</u>
	<u>Under 1 year</u>	<u>1-5 years</u>	<u>5-15 years</u>	<u>15+</u>	
1951	5,238	778	770	1,183	7,969
1952	5,269	745	546	654	7,214
1953	5,848	602	372	461	7,283
1954	6,056	728	436	436	7,656
1955	6,499	727	406	444	8,076
1956	7,089	682	361	460	8,592

<u>Re-vaccination</u>					
1951	-	319	1,039	3,822	5,180
1952	-	339	928	2,645	3,912
1953	-	203	709	1,831	2,743
1954	-	169	680	1,899	2,748
1955	-	176	760	1,934	2,870
1956	-	192	687	2,084	2,963

Grand Total - Vaccinations and Re-vaccinations

1951	-	13,149
1952	-	11,126
1953	-	10,026
1954	-	10,404
1955	-	10,946
1956	-	11,555

<u>Year</u>	1951	1952	1953	1954	1955	1956
No. of live births	10,233	10,848	10,997	10,793	10,828	11,766
% of vaccinations under 1 year	51.3	48.5	53.2	56.1	60.0	60.2

As in previous years all staff - medical, nursing etc. take every opportunity to encourage parents to have their children vaccinated and in giving talks on any aspect of the Health Service a special reference is made to the changing circumstances, such as air travel, which necessitates a greater watchfulness.

The increase in primary vaccinations is an encouraging feature, and reflects the use made of the facilities for vaccination by Assistant County Medical Officers available at Child Welfare Centres throughout the County area.

(ii) Diphtheria Immunisation

The organisation of the diphtheria immunisation scheme continued on the lines set out in previous reports. Immunisation is carried out mostly by General Medical Practitioners, although the opportunity is offered to parents to have their children immunised by Assistant County Medical Officers at Child Welfare Centres or Schools. The number of children immunised during the year 1956, together with the numbers for previous years for comparison, are as follows:-

Number of children who completed  
full course of primary immunisation

Number of children who  
were given a secondary or  
reinforcing injection

	<u>Under 5</u>	<u>5 - 14</u>	<u>Total</u>	
1951	7,441	862	8,303	11,988
1952	7,732	909	8,641	12,458
1953	7,068	847	7,915	10,453
1954	7,857	1,314	9,171	11,746
1955	8,215	902	9,117 (5,946)(a)	8,511 (956)(a)
1956	8,717	1,044	9,761 (7,472)(a) (1,140)(b)	9,919 (1,898)(a) (144)(b)

Figures in brackets show number given:-

- (a) combined diphtheria/whooping cough immunisation  
(b) triple immunisation - diphtheria/whooping cough/tetanus.

As mentioned in my report for 1955 the combined immunisation is much favoured and with the introduction of the triple antigen in July 1956 a further protection was made available and as will be seen use is being made of this.

Last year I commented upon the fall in the number of children aged 5 - 14 years who received a course of primary immunisation and in the number of booster or reinforcing injections given. It is pleasing to note the improvement in the figures for 1956.

(iii) Whooping Cough Immunisation

As will be seen from the following table of children immunised against whooping cough since the inception of the scheme, parents mostly favour the combined prophylactic since only one course of injections is necessary to achieve immunisation against both diseases. The introduction of the triple antigen has already been mentioned.

	<u>Number of children who completed full course of primary immunisation</u>			<u>Number of Secondary or reinforcing injections given</u>
	<u>Under 5</u>	<u>5-14</u>	<u>Total</u>	
Whooping Cough vaccination	168	83	251	42
Combined Diphtheria/ Pertussis	7,166	306	7,472	1,898
Triple	1,108	32	1,140	144
Total:	8,442	421	8,863	2,084

The total figures  
for 1955 were:

5,894      232      6,126      975

(iv) Tetanus

With the approval of the Ministry of Health the proposals of the County Council under Section 26 of the National Health Service Act, 1946 were amended to cover the use of the triple antigen - diphtheria/whooping cough/tetanus. The antigen was made available to General Medical Practitioners as from July and as will be seen from the figures quoted under (iii) above, use is being made of this extended facility.

(v) Poliomyelitis

The response to this scheme, launched by the Ministry of Health at exceedingly short notice, varied throughout the country. In Hampshire from a possible total registration of 80,000 only 8,280 children were registered by their parents.

Little was known of the vaccine and the information supplied to local health authorities made it difficult for all queries raised to be answered satisfactorily.

Very limited supplies of vaccine became available in May and June. The number of children vaccinated being as follows:

	Complete Course two injections	Part Course one injection	Total
Boys ...	515	18	533
Girls ...	382	26	408
Total: ...	897	44 +	941

+ A further small supply of vaccine became available in December, 1956, enabling 26 children (10 boys, 16 girls) to receive their second injections.

The work was carried out by the County Medical staff, special sessions being arranged at schools, centres and in some instances by special visits to homes in the more isolated rural areas.

#### COUNTY AMBULANCE SERVICE (SECTION 27).

There have been no drastic changes in the operation of the County Ambulance Service but during the year new ideas introduced last year have been consolidated with satisfactory results.

Much of the time which had to be spent by Ambulance personnel waiting at their Stations has been reduced, and it can safely be stated that the Service is now fully occupied during the peak periods. This has been made possible through:

- (a) Centralisation of all requests on the four Main Stations.
- (b) Introduction of complete Radio Control.
- (c) The efforts of the four Senior Head Drivers at the Main Stations.

The number of whole time staff employed in the Ambulance Service is still too few to enable ambulances to be sent out on all occasions with an attendant when it is considered necessary, but the best possible use has been made of men and vehicles.

Regular consultations have taken place with officers of the various Hospital Management Committees in the County with a view to ensuring the closest co-operation to guard against unnecessary or uneconomical use of the Ambulance Service.

The introduction of the Morris B.M.C. Diesel-driven ambulance into the fleet has proved very satisfactory. Many patients have commented upon the comfortable riding qualities, the interior decoration and equipment. This and the fact that the vehicles are doing at least 10 more miles to a gallon of fuel than the petrol driven Ambulances impresses one with the value of this type of vehicle. There are now four Diesel Ambulances in use, one at each of the four Main Stations.

The three High Top Bedford Utilecon Ambulances by Messrs. Martin Walter of Folkestone have been delivered and are proving satisfactory. Photographs of the new type of Utilecon and the Morris B.M.C. Diesel Ambulance are reproduced facing this page.

The new Ambulance Station at Leigh Road, Eastleigh, was officially opened on Wednesday, 27th June, by the Chairman of the County Health Committee, Alderman S.L. Collier, J.P. The new premises are very much appreciated by all concerned, but have brought about envious glances from staff stationed at Winchester, Alton, Christchurch and Petersfield, where the County Council have authorised new stations but which have not yet materialised owing to the Government restrictions on capital expenditure.





MORRIS B.M.C. DIESEL AMBULANCE



BEDFORD "HIGHTOP" UTILICON AMBULANCES





The Ambulance Radio Control System was completely installed as follows:-

Winchester - 30th December, 1955.  
 Fareham - 17th February, 1956.  
 Lymington - 15th May, 1956.  
 Aldershot - 20th June, 1956.

By the use of radio, ambulances can be kept under constant control while they are on the road with the result that:

- (a) An ambulance on the road in the vicinity of an emergency case may be diverted and get to it sooner than one despatched from the nearest station.
- (b) An ambulance returning from one non-urgent case may be sent on a new one in its vicinity, thus saving the mileage which would have been wasted in first returning to its station.
- (c) As ambulances on the road on non-urgent duties are constantly available for diversion to accidents and other emergencies, it is not necessary to keep ambulances in reserve to deal with emergencies.
- (d) Ambulances can be quickly mobilised to deal with a major accident.
- (e) Mileage can be saved and it is estimated that some 10,000 miles have been saved since radio was introduced in this County.

The Annual Ambulance Competition was held at the Lymington Ambulance Station and the Home for the Blind at Lymington on Sunday, 26th August. The main test was the treatment and removal to hospital of a man who had fallen from a tree at Linden House, and the second test was the removal of a patient with double pneumonia from his bed to hospital. This took place at the Ambulance Station. The judges were Dr. Basil M. Thornton, B.A., B.M., B.Ch. Oxon., of Lymington, and Dr. J. L. Andrews, M.R.C.S., L.R.C.P., of Lymington Hospital. This Competition was won by Drivers E. Waite and H. Goodrich of Aldershot. They competed in the Regional Competition at New Malden which was won by a team from Eastbourne.

The Hospital Car Service, administered by Mrs. A. Y. Larminie and eleven Area Transport Officers, has continued to provide a satisfactory service for the conveyance of non-urgent sitting cases, although in her report for 1956 Mrs. Larminie stated that it had been difficult for her Service to meet all the demands made upon the Hospital Car Service in the South East area of the County.

It would appear that it will be necessary for the Health Committee to consider the provision of more Utilecons and staff in this Area in the near future.

Greater use has been made of the Railways for patients who had to travel long distances, and the St. John Ambulance Brigade and the British Red Cross Society have provided volunteer attendants when necessary.

Details of the Staff, vehicles, and the work done during the year compared with previous years are set out in the following tables:-

	Wholetime Driver	Part-time Clerk	Part-time Attendants	Ambulances	Cars	Utilecons
	Attendants	T'phonists				
<u>N.E. AREA</u>						
<u>Aldershot</u>	10	1		4	1	
<u>Farnborough</u>	2			2		
<u>Basingstoke</u>	4			2		1
<u>Alton</u>	3			2		
<u>Hartley Wintney</u>	1		1	1		
	20	1	1	11	1	1
<u>CENTRAL AREA</u>						
<u>Winchester</u>	11	1		5	1	
<u>Eastleigh</u>	4			2		
<u>Andover</u>	3		1	2		
<u>Broughton</u>	1			1		
<u>Whitchurch</u>	-			1		
<u>Romsey.</u>	-		1	1		
	19	1	2	12	1	
<u>S.E. AREA</u>						
<u>Fareham</u>	11	1		4		1
<u>Havant</u>	5			2		1
<u>Gosport</u>	4			2		1
<u>Petersfield</u>	3			2		
<u>Hedge End</u>	2			1		
	25	1		11		3
<u>S.W. AREA</u>						
<u>Lymington</u>	10	1		4		1
<u>Christchurch</u>	4			2	1	
<u>Totton</u>	2			1		
<u>Ringwood</u>	2			1		
<u>Fawley</u>	2			1		
<u>New Milton</u>	1		1	1		
	21	1	1	10	1	1
TOTAL:	85	4	4	44	3	5

The underlined are main stations; the remainder are sub-stations.

The work done during the year, compared with previous years, is as follows:-

	1953	1954.	1955	1956	Comparison 1956 to 1955 Plus or Minus
<u>Mileage.</u>					
Ambulance Service	654,698	693,352	682,229	763,777	+ 81,548
Hospital Car "	1,426,174	1,480,959	1,463,112	1,313,017	- 150,095
Rail Transport	35,860	45,861	56,538	66,743	+ 10,205
Total:-	2,116,732	2,220,172	2,201,879	2,143,537	- 58,342
<u>Patients</u>					
Ambulance Service	41,688	43,689	46,469	66,518	+ 20,049
Hospital Car "	142,583	150,903	151,616	142,383	- 9,233
Rail Transport	471	618	737	1,023	+ 236
Total:-	184,742	195,215	198,872	209,924	+ 11,052

PREVENTION OF ILLNESS CARE AND AFTER-CARE (SECTION 28)

Including notes on Tuberculosis Service generally

Tuberculosis Services.

(a) Administration

Much of the work of Section 28 is centred on the Tuberculosis Service. Although the Regional Hospital Board is responsible for the sanatoria and Chest Physicians the arrangements whereby the County Council reimburses the Regional Hospital Board for the proportion of salaries, etc., of Chest Physicians in respect of their work for the Local Health Authority in addition to providing Tuberculosis Health Visitors, continued during 1956.

As mentioned in the Report for last year, co-ordination is achieved through the Administrative Chest Physician at the Western Area Headquarters of the South West Metropolitan Regional Hospital Board, and much mutual benefit is obtained from the quarterly meetings of Chest Physicians arranged by the Administrative Chest Physician to which the Medical Officers of Health of the County and County Boroughs in the Western Area are invited.

(b) Statistics.

Death Rates

The death rate from pulmonary tuberculosis was 0.079 compared with 0.08 in 1955 and 0.1 in 1954. The death rate from non-pulmonary tuberculosis was 0.004 compared with 0.01 in 1955 and 0.02 in 1954. The rate for England and Wales for 1956 was 0.109 pulmonary and 0.012 non-pulmonary.

The total deaths from tuberculosis (pulmonary 55 and non-pulmonary 3) are distributed as follows:-

Age Group	Urban				Rural				Total				
	Pulm		N.Pul		Pulm		N.Pul.		Pulm.		N.Pul.		Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.
0-	-	-	-	-	-	-	-	-	-	-	-	-	-
1-	-	-	-	-	-	-	-	-	-	-	-	-	-
5-	-	-	-	-	-	-	-	-	-	-	-	-	-
15-	-	-	1	-	-	-	-	-	-	-	1	-	1
25-	4	3	-	-	1	3	-	-	5	6	-	-	5
45-	9	3	-	-	6	1	1	-	15	4	1	-	16
65-	3	6	-	1	6	2	-	-	9	8	-	1	9
75+	4	1	-	-	-	3	-	-	4	4	-	-	4
All ages	20	13	1	1	13	9	1	-	33	22	2	1	35

Deaths from Pulmonary Tuberculosis

	<u>Population</u>		<u>Number</u>		<u>Rate per 100,000 population</u>	
	U.D.	R.D.	U.D.	R.D.	U.D.	R.D.
1955	396,200	284,400	30	23	7.6	8.00
1956	409,800	289,200	33	22	8.05	7.6

Notifications

Age Groups	Pulmonary		Non-Pulmonary		Total
	Male	Female	Male	Female	
0-	-	-	-	-	-
1-	7	3	3	1	14
5-	9	6	6	12	33
15-	43	33	4	8	88
25-	114	56	6	14	190
45-	89	22	-	6	117
65-	19	3	1	3	26
75+	8	3	-	2	13
All ages	289	126	20	46	481

Incidence per 100,000 population - 1955 Pulmonary 58, Non-pulmonary 11.1  
 1956 " 59, " " 9.4

(c) Chest Clinics

Information on the work of the chest clinics kindly supplied by Dr.A.Capes, Administrative Chest Physician, is set out in the table facing this page, from which the extent of ascertainment of contact to known cases of tuberculosis can be seen.



Respiratory													Non-Respiratory					Grand Totals														
M													W		C		T		M		W		C		T							
A. (1) Notified cases of T.b. on register on 1st. Jan. 1956. ....													1937		1429		224		3590		169		191		152		512		4102			
(2) Transfers from clinic in other areas during the year ...													193		156		11		360		9		9		5		23		383			
(3) Children transferred to adults during the year ...													8		9		-		17		8		9		-		17		34			
(4) Cases lost sight of returned to clinic during the year ...													1		3		1		5		1		-		-		1		6			
B. NEW CASES diagnosed as tuberculous during the year.																																
Tb. minus													1		69		47		28		144											
													2		58		25		2		85		8		23		12		43		277	
													3		3		2		-		5											
Tb. plus													1		23		9		-		32											
													2		60		24		-		84		5		8		-		13		144	
													3		12		3		-		15											
Totals of A & B													2364		1707		266		4337		200		240		169		609		4946			
C. Number of cases in A & B written off clinic registers during the year:-																																
(1) Recovered ...													63		45		10		118		15		29		13		57		175			
(2) Died (all causes) ...													54		21		-		75		4		2		-		6		81			
(3) Removed to other areas ...													104		114		7		225		3		7		8		18		243			
(4) Children to adults ...													-		-		17		17		-		-		17		17		34			
(5) Other reasons ...													47		36		8		91		18		18		18		54		145			
Totals of C													268		216		42		526		40		56		56		152		678			
D. (1) Notified cases of T.b. on clinic register on 31st December, 1956. ....													2096		1491		224		3811		160		184		113		457		4268			
(2) Number known to have had positive sputum within preceding six months													134		38		-		172		-		-		-		-		172			
E. (1) Persons (excl. transfers) first examined during the year																										3123						
(2) Number in (1) who attended as Contacts and who were:-																																
(a) Diagnosed as tuberculous ...													6		3		18		27		-		-		1		1		28			
(b) Not tuberculous ...													-		2		-		2		-		-		-		1540					
(c) Not determined (as at 31st December, 1956) ..													-		-		-		-		-		-		-		2					
F. Number of patients on clinic register awaiting admission ...													-		-		-		-		-		-		-		-		-			

(d) Mass Radiography Surveys, 1956.

During 1956 numerous Mass Radiography Surveys took place, the details being as follows:-

Unit	Location	Number Examined		No. found to have active Tuberculosis		Number per 1,000	
		Male	Female	Male	Female	Male	Female
BOURNEMOUTH	Brookenhurst	356	333	-	-	-	-
	Christchurch	1104	1699	-	1	-	0.59
	Hurn	1669	174	2	1	1.2	5.7
	Lymington	613	781	-	-	-	-
	Ringwood	1412	1376	2	-	1.4	-
PORTSMOUTH	Fareham	1362	1685	1	2	0.7	1.1
	Gosport	4088	3471	5	3	1.2	0.8
	Knowle Hospital	476	519	1	1	2.1	1.9
SOUTHAMPTON	Alton	1081	1316	2	-	0.82	-
	Alresford	371	418	1	-	1.27	-
	Basingstoke	2022	1031	1	3	0.45	2.9
	Bramley	536	98	4	-	6.31	-
	Brookenhurst	91	125	1	1	10.9	8.0
	Bordon	240	260	1	-	2.00	-
	Broughton	126	192	-	-	-	-
	Coldeast Hospital	150	551	-	2	-	2.85
	Crondall "	-	95	-	-	-	-
	Eastleigh	4969	2876	12	3	2.5	1.04
	East Boldre	75	81	-	-	-	-
	Fawley	269	305	1	2	3.8	6.5
	Hamble	1694	585	4	1	2.3	1.7
	Hartley Wintney	162	229	-	-	-	-
	Hook	68	80	-	1	-	6.76
	Hythe	239	322	2	-	3.56	-
	Liphook	269	314	-	-	-	-
	Long Sutton School	291	48	-	-	-	-
	Marchwood	597	16	5	-	8.14	-
	New Forest Show	20	23	-	-	-	-
	Odiham	127	169	-	1	-	3.38
	Park Prewett Hosp.	662	759	9	2	13.5	2.6
	Romsey	995	1044	4	3	4.0	2.8
	Sutton Scotney	136	150	1	1	7.3	6.33
	Sarisbury Green	220	361	-	-	-	-
	Tadley	293	154	3	-	6.71	-
	Tatchbury Mount	457	17	1	-	2.11	-
	Titchborne Down	95	1	1	-	10.42	-
	Totton	599	687	2	3	3.3	4.33
	Warsash	235	26	1	-	3.69	-
	Winchester Dist.	3282	3305	13	9	3.9	2.4
WORCESTER PARK	Bramley	256	415	-	-	-	-
	Farnborough	5654	2919	8	1	1.4	0.35
	Aldershot	1854	2590	6	1	3.2	0.39

(e) B.C.G. Vaccination(i) Contacts

B.C.G. Vaccination is carried out by the Chest Physicians. Details of the work carried out during 1956 are as follows:-

<u>Contacts tuberculin tested.</u>	<u>Negative Reactors</u>	<u>Number Vaccinated</u>
2152	1310 +	678

+ Includes 335 contacts of Mantoux positive school leavers.

(ii) School Children

The following is an extract from my report as Principal School Medical Officer:-

"The vaccination with 'B.C.G.' of 13-year old school children was continued on the same lines as in the previous year, the scheme being confined to the south and south-east part of the County area, in Secondary Schools from which leavers normally proceeded to employment in the County Boroughs of Portsmouth and Southampton. Unfortunately, owing to staffing difficulties consequent upon the introduction of poliomyelitis vaccination during 1956, it was not found possible to visit all the secondary schools in the area of the scheme during the year. Those schools not visited during 1956 are being dealt with early in 1957. The work is summarised in the following table:-

B.C.G. Vaccination in 12 schools

(a)	Number of children offered vaccination	...	...	2004
(b)	Number of children accepting vaccination and tuberculin-tested	...	...	1467
				(73.2% of (a))
(c)	Tuberculin-positive	...	...	252
				(17.2% of (b))
(d)	Vaccinated	...	...	1166

It is hoped to extend the scheme to cover the whole county in 1957.

Dr. M. E. Moore, Chest Physician, commenced in the Autumn term in a limited area (Totton, Hythe and Blackfield) the tuberculin-testing of school entrants as a case-finding procedure. Children who are tuberculin-positive at age 5 are likely to have contracted their infection at home, either through drinking infected milk or through contact with an infected adult; and work on similar lines in other parts of the country had shown that by investigating the home-contacts of such children previously unsuspected infectious cases may be found. Dr. Moore offered the test to 120 children; the parents consented in respect of 106 of them - and all were tuberculin-negative. This is of course a highly satisfactory result, albeit a "failure" as regards finding new cases of tuberculosis, and in particular it indicates the safety of the milk supply for the past five years in this area."

(f) Mount Industries.

Previous reports have referred to the negotiations etc., in connection with the proposed extensions at the Industries and all these efforts were rewarded by the completion of the work in the early part of the year.

The Chairman of the County Council (Alan Lubbock Esq.,) performed the opening ceremony on Tuesday, 3rd July, 1956, before a very representative and distinguished gathering. The extensions included a new workshop, with a floor space of 75' x 35', together with a paint shop, additional lavatory facilities, new machinery etc.

The Industry is recognised by the Ministry of Labour and National Service as a training establishment under the Disabled Persons (Employment) Act, 1944, and facilities are extended to in-patient trainees. Details of the staff and admissions etc., to the Industry during the year are as follows:-



	Admissions	C.C.Employees	MOL Trainees	Total
1st Jan. 1956.	2	10	15	27
Admitted	-	3	12	15
Transfer after training	-	-	3	3
Left or discharged	-	-	8	8
31st Dec. 1956	2	13	16	31

The number of in-patient trainees varies during the year. On 1st January the number was 6 - at 31st December, 1956 - 9.

The main production lines continue to be hospital furniture, office furniture and toys, particularly educational toys. In addition orders are received for a variety of individual articles.

After all the work and interruptions caused by the building of the new workshop and other adaptations, the Industry has now settled down and conditions are ideal for the training and rehabilitation undertaken.

During the year ended 31st December, 1956, the hours worked by the staff and trainees were:-

Staff (not including Admin:)	...	...	...	...	13,208 hours
M.L.N.S. Trainees	...	...	...	...	24,325 "
In-patient Trainees	...	...	...	...	7,983 "
			Total:	...	45,516 "

The Ministry of Labour Inspectors have reported most favourably on the organisation and training, commenting particularly on the help and co-operation of the Manager, Mr.E.W.Corlett, who has carried out, most successfully, an extremely busy year. Orders are received from many local authorities throughout the country, and by way of advertising conferences have been attended for exhibition purposes as follows:-

East Sussex Teachers Association	Lewes	March, 1956
The Scottish Teachers "	Ayr	February, 1956
The National Union of Teachers	Blackpool	April, 1956
The Surrey Teachers Association	Dorking	June, 1956
Hampshire Teachers "	Eastleigh	June, 1956
Devon Teachers "	Exeter	July, 1956
Essex "	Chingford	October, 1956
London Head Teachers "	Westminster	October, 1956.

The continued support of the Group Hospital Management Committee is acknowledged and in all matters relating to the Industry the County Council has fullest co-operation from the officers of the Hospital Management Committee, Regional Hospital Board and the Ministry of Labour and National Service. Dr.Capes, Medical Superintendent of Mount Sanatorium has continued his services as Medical Adviser to the staff and trainees. As pioneer of the Industry forerunner of Mountoys, he must be proud of the development.

In addition to visitors from overseas, students attending a special course at Southampton University organised by the British Council for Rehabilitation toured the Industry and were entertained by the Hospital Management Committee. Members of the Women Public Health Officers' Association also visited the Industry. The Manager, Mr.E.W.Corlett took part in a Rehabilitation Course organised by the Ministry of Labour and National Service.



(g) Extra Nourishment

During 1956 two hundred and fifteen patients were assisted with extra nourishment, 24 more than in the previous year. Of this total, 66 were new cases and 12 old cases who had received grants before. As against the 66 new cases, 62 ceased to receive extra nourishment. Of these, 12 were admitted to hospital, 20 ceased to qualify on resuming work, 10 died, 14 had grants terminated as a result of a review, 2 left the County, 3 female patients married and ceased to qualify on financial grounds, and 1 patient changed his mind on receiving his first voucher and declined to accept it.

The total number of patients recommended during the year was 89, of which 23 did not qualify for a grant. There were 16 more recommendations than in 1955.

The following tables show the changes during the past three years:-

	<u>1954</u>			<u>1955</u>			<u>1956</u>		
	Pts	Milk pints p.d.	Eggs per week	Pts	Milk pints p.d.	Eggs per week	Pts	Milk pints p.d.	Eggs per week
At 1st Jan.	114	181	71	128	206½	151	138	217	205
New Cases	71	122	127	51	87	103	66	116½	142
Old Cases	8.	15	15	12	20½	20	12	22½	16
	193	318	213	191	314	274	216	356	363
Ceased	65	111½	62	53	93	69	62	110	88
At 31st Dec.	128	206½	151	138	221	205	154	246	275
Increase	14	25½	80	10	14½	54	16	25	70

(h) Shelters

Only two requests for shelters were received during the year, and one of those was cancelled because it was found that there was no way of getting the shelter into the patient's back garden. Fortunately this information was obtained before the shelter was moved from store. Three shelters were returned to store during the year, leaving 29 in use and 13 in store, including two permanently situated at Mount Industries.

(i) Beds and Bedding.

The demand for bedding was the lowest since 1951 and the majority of requests were received late in the year. Issues during the year and also for 1955 are shown as follows:-

	<u>Patients</u>	<u>Beds</u>	<u>Blankets</u>	<u>Mattresses</u>	<u>Pillows</u>	<u>Cases</u>	<u>Sheets.</u>
1956	18	9	44	12	29	49	55
1955	30	23	89	25	52	79	84

(j) Rehabilitation

At the beginning of the year, 5 patients were at Enham, 2 at Papworth and 1 at Preston Hall. Of these, 6 were a charge on the Authority. During the year 2 at Enham were discharged and 1 admitted to the Settlement. One at Papworth became a charge on the Authority. There were no new admissions during the year and at 31st December there were 5 patients in Industries of whom 3 were a charge on the Authority.

(k) Voluntary Tuberculosis Care Committees.

The re-establishment of the Fareham Care Committee in November brought the number of Voluntary Tuberculosis Care Committees in the County area to 10. Apart from the North-west corner, the County is now covered.

It is again most encouraging to note from the Annual Reports of the various Care Committees how much their work is appreciated by patients and families.

The following extracts taken from the Annual Reports do not show the tremendous amount of time given by the members of the Committees. I do hope they appreciate just how much they are helping to maintain the patient and his family in the fight back to health. They should know, too, that their help and support gives immense encouragement to the Chest Physicians and Tuberculosis Health Visitors:-

Christchurch, Lymington & District

"The work of the Care Committee goes steadily on, and seems to be more and more indispensable in its function of supplementing inadequate statutory allowances to those in need. Indeed, it is satisfactory to be able to report that no application has had to be turned down for lack of funds."

Eastleigh District.

"With modern forms of treatment there is no longer a waiting list at sanatoria. Cases are being found earlier, more surgical treatment undertaken and there is far more home treatment. These advances make our work all the more vital. The help given through the Care Committee is most welcome as the very many grateful letters confirm."

Winchester & District.

"....and it can be claimed in the light of experience that the work of the Committee is meeting a very real need in the life of many sufferers from this disease, both in the form of direct help by gifts of extra nourishment and the like, and still more in the way of personal encouragement and assistance to those starting out in life again after the long period of interruption and hospitalisation that this disease so often causes.

It is my firm belief that the work of this Committee meets a very real need in the care of the tuberculous which cannot be met from any statutory source, and that it is able to do so in a personal and individual way not always possible to official bodies. Last year in England and Wales nearly 5,000 people died from T.B. lung disease alone. Until this tragic loss can be eliminated, the need for Tuberculosis After-Care Committees will continue.

"The general support supplied by the Care Committee has now become an integral part of the normal working of the Chest Clinic. A check of the social circumstances of each case in the light of the help available including that of the Care Committee is now automatic."

Havant and Waterloo District.

"We can look back to 1956 with some real satisfaction at something achieved but we should at the same time determine that the effort in 1957 shall be greater and more sustained so that results will be even more satisfying. These results will only be obtained as a consequence of the work of an energetic committee and we should like to see the strength of our committee increased by the addition of new and enthusiastic members."

One problem noted from the Reports is the growing difficulty of collecting funds. The main source of income for Voluntary Tuberculosis Care Committees has been the sale of Christmas Seals organised by the National Association for the Prevention of Tuberculosis.

Other organisations have now launched seal sales and the income of Care Committees can only be maintained by tremendous effort on the part of members of the various Committees.

The Health Committee made a grant to each Care Committee and, in addition, spent £64. 19s. from the sum set aside to help cases in areas not covered by a Care Committee. Twelve cases were involved, help including the provision of a typewriter, payment of fares, outstanding debts, holiday expenses and the provision of handicraft materials. In 1956, over 350 cases received help and advice through the Care Committees, who organised special Christmas efforts to assist families.

In addition to the advice given, the material help totalled almost £2,500 during the year.

The annual meeting of the Standing Joint Committee of the Hants Care Committees was again held at Eastleigh. It was well attended. Mutual problems were discussed and ideas shared. From a small sum held by the Joint Committee a grant was made to one of the newly formed Care Committees. Two other grants were made to help towards the rehabilitation of two special cases.

### Rest Home Scheme.

The Rest Home Scheme, formerly known as the Holiday Home Scheme, has had a change of title to obviate the impression wrongly assumed on occasions that 'holidays' may be provided. It is considered that the new title more aptly describes the nature of the Scheme and is less liable to misinterpretation. Briefly, the qualifying conditions are that admission is required to complete recovery following illness (where recuperation at home is impracticable) or to prevent a breakdown in health. Only patients recommended by medical practitioners may be considered and those requiring medical or nursing care cannot be accepted.

During the year, 164 patients were accepted for admission to Rest Homes, but of this number, 36 did not avail themselves of the arrangements made, leaving a total of 128 admitted. Ten other patients referred did not qualify. A variety of reasons were put forward by the patients who cancelled, foremost of which was that private arrangements were possible. Once again, however, many objected to completing the financial questionnaire required in order that the contribution rate could be assessed.

The cases were referred as follows: General Practitioners, 82; Hospital Doctors 41; Chest Physicians 4; Assistant County Medical Officers 1. The figures reflect a greater number of cases directly referred by general medical practitioners than hitherto.

### Liaison with other Organisations.

Six elderly patients originally referred for Rest Home admission were accommodated by the County Welfare Officer and two blind patients were similarly dealt with. Arrangements for the admission of 4 tuberculous patients were made through the Social Welfare Secretary of the N.A.P.T. (Spero Holiday Scheme) and local Care Committees again undertook financial responsibility of two wives to enable them to accompany their husbands. It was not possible to arrange a vacancy for one tuberculous patient when required because suitable accommodation was not available.

Co-ordination in three cases with the County Children's Officer allowed mothers to have convalescence while their children were taken in temporary care; one mother and her children were admitted to a Home together.

### Length of Stay.

Except where special circumstances warranted otherwise, patients were accepted for two weeks' stay in the first instance; extensions beyond that period were agreed in 17 cases on receipt of recommendations from the visiting Medical Officers to the Homes.



### Age Range of Accepted Cases and Assessments.

All Health patients accepted were required to sign an undertaking to make a contribution towards the cost of maintenance in accordance with their financial circumstances applied to the Assessment Scale. Every effort was made to acquaint patients with details of their exact financial liability before admission to prevent undue worry.

A revised Assessment Scale was introduced on 1st April, and the following table shows the ages of accepted cases together with the weekly contribution rate required:-

<u>Age Groups</u>	<u>No. of cases</u>	<u>Assessments - Weekly Contributions</u>				
		<u>Nil</u>	<u>Up to £1</u>	<u>Over £1 up to £2</u>	<u>Over £2 up to £3</u>	<u>Over £3</u>
Mental Health cases & under school age	13	4	2	3	3	1
Over school age but under 21	2	-	2	-	-	-
Aged 21 - 35	11	5	1	1	2	2
" 36 - 50	23	9	4	1	2	7
" 51 - 64	31	18	3	4	3	3
" 65 and over	48	29	8	4	1	6
Totals:	128	65	20	13	11	19

The above figures are in many ways comparable with those of last year, and the tendency for the majority of the patients referred to be over 50 years of age continued.

### Holiday Homes.

Every endeavour was made to obtain vacancies in the districts of the patient's choice and no complaints were received from any of the patients admitted. Three patients left Homes early, two on account of difficulties at home and one proved unsuitable for the Home to which admission had been made.

### General.

Health Visitors continued to make follow-up home visits to all patients following convalescence and much useful advice on general health matters was given by them, in addition to ascertaining whether patients had spent a happy and beneficial stay in the particular Home. Many patients expressed their appreciation in letters following convalescence and the fact that most of these patients were required to meet part of the cost did not appear to detract from their gratitude.

### Medical Loan and Comforts Depots

The Order of St. John Ambulance Brigade maintains 17 Medical Comforts Depots in the County area from which, during 1956, 870 articles were loaned. The British Red Cross Society maintain 111 Medical Loan Depots in the County area and is subsidised by the County Council. During 1956, 8,809 articles were loaned. The articles in most demand are air rings, mackintosh sheets, bed pans, urinals, back rests, sheets and invalid chairs. The demand for special items for paraplegics etc., has been maintained. To meet this demand a Central Depot of special equipment is held at the County Headquarters of the British Red Cross Society.



## Health Education

As already mentioned earlier, health education, help and guidance through the medical, dental, nursing and all other staff continues. It has been found that individual talks, group talks or special talks meet the need far better than "special health weeks". As there becomes a need for special emphasis on, say, "safety in the homes", "vaccination", etc., the staff in daily contact with parents and children in the homes, at centres and clinics or in the schools, can deal with any questions as they arise and at all times the opportunity is taken to stress the importance and value of personal health.

Full advantage is taken of the literature available through the Central Council for Health Education, to which the County Council makes an annual grant, and the department works in the closest co-operation with Dr.W.Wagland, Lecturer in Health Education on the staff of the County Education Officer.

Details of the work undertaken by Health Visitors are given on page 18.

During the year many overseas local government students were received and in their visits etc., stress is laid on the importance of continuous health education.

## Venereal Diseases

The follow-up of contacts and clinic defaulters under the Venereal Diseases Clinics scheme is controlled by the Area Director of the Venereal Diseases Services, Dr.R.M.Warren, who has very kindly supplied me with information regarding patients attending at Venereal Diseases Clinics for the first time during 1956.

TABLE I. Number of residents in the Hampshire County Area (both sexes) who attended at clinics serving Hampshire, for the first time

Clinic	S O U T H A M P T O N	A L D E R S H T	W I N C H E S T E R	B O U R N E M O U T H	T O K I N K	G U I L D F O R D	R E A D I N G	P O R T S M O U T H	P O O L E	S A L I S B U R Y	T O T A L
Syphilis	12	4	3	2	-	-	2	9	-	-	32
Gonorrhoea	38	5	6	3	-	1	3	12	-	-	68
Others and Non-venereal	230	48	84	11	1	6	9	90	-	7	486
Total:	280	57	93	16	1	7	14	111	-	7	586

TABLE II. Number of first attendances (Syphilis and Gonorrhoea only) from Hampshire County Area, Hampshire County Boroughs and all other Areas, at clinics serving Hampshire.

## (a) MALE

Clinic	S O U T H A M P T O N	A L D E R S H O T	W I N C H E S T E R	B O U R N E M O U T H	W O K I N G	G U I L D F O R D	R E A D I N G	P O R T S M O U T H	P O R T L E	S A L I S B U R Y	T O T A L
Syphilis											
Primary	10	-	1	-	-	-	-	-	-	-	11
Secondary	1	-	-	1	-	-	1	1	1	1	6
Late	17	2	2	7	1	2	6	11	2	-	50
Congenital	1	-	-	1	-	-	3	-	-	-	5
Syphilis	29	2	3	9	1	2	10	12	3	1	72
Gonorrhoea	230	7	3	14	5	26	47	42	5	7	386
Total:	259	9	6	23	6	28	57	54	3	8	458
(b) FEMALE											
Syphilis											
Primary	-	-	-	-	-	1	1	1	-	-	3
Secondary	-	-	-	1	-	-	2	-	-	-	3
Late	9	2	-	4	-	4	9	17	4	-	49
Congenital	-	-	-	2	-	-	-	2	3	-	7
Syphilis	9	2	-	7	-	5	12	20	7	-	62
Gonorrhoea	62	3	3	1	-	14	13	36	3	-	135
Total:	71	5	3	8	-	19	25	56	10	-	197

HOME HELP SERVICE (SECTION 29)

This Service continues to expand, including the development of the special branches, such as caring for young children in their own homes and helping problem families. The duties of a Home Help increase in responsibility and skill, as a Help is often required to do more than just the ordinary practical domestic work in a home. At present the Service is dependant on recruiting the older woman, who in her youth received a very good training, often in domestic service. Will the Home Help of tomorrow have the same ability as her mother and grandmother, or will she require more guidance and instruction to enable her to take her proper place in the National Health Service?

Emergency Help

The Home Help Service is primarily an emergency service which aims at helping a family faced with a sudden crisis in the home. It is important to send help immediately it is asked for by the family doctor. During the year help has been made available to many householders within a very short time of the request being received. In one case help was asked for and provided in the middle of the night. During the first four months the organisers were very hard pressed to cover all emergency cases, and the demand was exceptionally heavy in the Christchurch, Farnborough and Winchester City divisions.

### Maternity

Forty-two more cases were helped than in 1955, the areas showing most increase being Hartley Wintney & Fleet (+ 27), Christchurch (+ 10) and New Forest (+ 10). A criticism sometimes made is that the service is too costly and does not always allow sufficient hours to cover the period the husband is away from home. The number of hours help granted is determined on the particular need, the availability of friends and relatives, and can be flexible. In 18 cases residential help was provided, this is often more satisfactory especially in the rural areas.

### Post Hospital

There is close liaison with the Hospital Almoners to ensure that patients discharged from hospital are given adequate help in their homes.

### Tuberculosis

Fewer requests have been received from the Chest Physicians and the number of cases helped was 62, 27 less than in 1955.

### Child Care

The caring of children in their homes during the temporary absence of the mother, sometimes referred to as the Family Help Service, has always been recognised in this County as a very important contribution towards social security. During the year 86 cases have been helped (+ 22), and has saved many applications having to be made to the Children's Department for the children to be taken into care. The length of time help is given varies according to the needs and is not limited to any period. In 27 of these cases a residential help was placed with the family. Helps volunteering for residential work are often called on at very short notice, and they have been known to postpone their holiday and cancel social engagements to assist a family in distress. Great appreciation of this service has been expressed by the parents, and is very welcomed by the mothers who can go into hospital in a more happy frame of mind knowing that their home and children are being cared for by a reliable person, thus helping to speed their recovery. Residential helps sometimes have many difficulties to contend with, the home conditions may not be ideal, and the children may be undisciplined and untrained. These helps have been found to be adaptable, conscientious and have tackled their work with enthusiasm and understanding. More residential helps will be required if this very necessary service continues to enlarge.

### Problem Families.

In my last Report I mentioned the extension of the Home Help Service to give practical assistance to families with social problems. The placing of a specially selected Home Help with this type of household can achieve remarkable improvements, raise the standard of living and may prevent the break up of a home. It is important to select the right type of Help. Her main objective should be to pass on her knowledge in such a way that the lessons taught are not forgotten, this she must do with tact and patience. Her first consideration should be the children, she must introduce some routine into their lives and give them a sense of security and balance. She should remember that these families are usually of poor mental development, the husbands may be thriftless and difficult, and the number of children beyond the mother's capacity to care for. Money is usually a problem, there are often many and large debts to be cleared. A Help can instil into a family the importance of budgeting carefully and avoiding heavy hire purchase commitments. She can advise on how to acquire the necessary furniture and essential goods and how to care for them. At all times she must initiate and guide the family along the correct lines, and to do this she must first gain their confidence and respect. She must not become disheartened if the results of her efforts are slow or if there are setbacks, in the early stages her work may be unrewarding and disagreeable. Helps chosen to attend these cases have already proved themselves reliable, competent women who are capable of tackling a difficult



task. At present they are given no special training, but if the work in this particular field is to pass beyond the experimental stage some form of instruction may be desirable and economical, in addition to the guidance and moral support now given by the Organiser, who keeps these cases under constant supervision. The holding of Case Conferences to which all social workers, representatives of organisations and other persons interested in the welfare of a particular family have been invited to attend, have proved to be most valuable and assists to co-ordinate any action taken.

Six families with social problems have been helped during the year, two were still receiving help at the end of the year. It is encouraging to note that the conditions in the lives of two families changed for the better under 'the Home Helps' guidance. Credit is due to the Helps, who during the first few weeks had many difficulties to contend with, but who gradually overcame these, at all times showing a sympathetic understanding of the situation.

In one case it was found when a residential home help was placed with a family to care for the young children while the mother was in hospital - the father was serving a prison sentence - that the small daughter of three years was hated by her mother and had been frequently ill treated. When the mother returned from hospital a specially selected home help was placed in the home and under her guidance the whole attitude of the mother changed, she began to show more kindness and understanding for this daughter, and altogether there was a far happier atmosphere generally in the home. The Help remained with this family for several weeks until they moved out of the County area on the medical recommendation of the family doctor. The mother expressed great appreciation for the help she received during what she refers to as "her hardest times", and she and her children have settled down happily in their new home.

In the other case help was given for a year to a family living in a rural area under appalling conditions, in a cottage in a very poor state of repair and with no facilities. During the year there has been a marked improvement in the cleanliness of the home, the parents and the children; the latter are now washed daily and bathed weekly, something which was not done before the Help went in. A baby daughter has been discharged from hospital and another girl has been born. Debts have been cleared, essential furniture and household goods acquired and generally both parents take more interest and pride in their home. Now that the Home Help has been withdrawn the situation is being carefully watched, as it is felt that this family will always need some supervision and given encouragement to help them to maintain their present standard and avoid any deterioration in the home conditions.

#### Care of the Mentally Sick.

In one case help was given to a patient undergoing psychiatric treatment; in this field too the right type of Help can do a great deal towards assisting in the recovery of the mentally sick.

#### Care of the Aged and Chronic Sick

The major proportion of the Service is devoted to caring for the aged and chronic sick in their own homes, and during the year 1843 cases were helped, 215 more than in 1955. Of these 1586 were old people. This increase will continue as the span of life is lengthening and the older population is becoming more numerous. Many old people require very little help, but a few hours each week enables them to live in their own surroundings in comfort, and can act as a preventive in delaying the ailments of old age. Others classified as aged sick, may be completely helpless, confined to bed or chairbound. These people can be adequately cared for in their own homes, the whole situation is kept officially under control by giving a few hours daily help, and relatives, friends and neighbours co-operate by



giving assistance when the Help is not there. In very few cases has it been found necessary to give full time help. Even if there were sufficient beds available these old people have no desire to go into hospital, sometimes it would mean separating couples, and their preference to remain in their own home as long as this is feasible is very understandable and should be encouraged. It is when an old person becomes critically ill, requiring continuous care and nursing attention, which is beyond the scope of the home help service, that quick admission to hospital is necessary, but when a bed is not always immediately available. Sometimes it may be difficult to persuade an old person to enter hospital, and here the Home Help who has gained the confidence of the patient can use her influence.

In 13 cases residential help was given, mainly to extremely sick persons awaiting admission to hospital, but in a few cases to enable a relative to have a holiday. In one instance the Home Help cared for a very ill old lady for three nights and days without a break. Sometimes it has been necessary to improvise sleeping accommodation to enable a Help to remain in the house. Often if friends or relatives are not available arrangements are made for a Help to visit sick old persons living alone and settle them for the night. Frequently Helps look in on their patients on their own accord, and also visit them in hospital should they be admitted. In the rural areas it is sometimes more practicable to engage a neighbour as a Home Help for a limited number of hours, although in fact she will give more time than she is paid for, as she continually looks in to see if all is well. It is the policy where possible to leave the same help with an old person, old people hate changes and rely on their Help whom they regard as a friend. The Helps too become attached to their old people, and do many little jobs for them outside their home help duties.

I am now exploring the extension of this service to include a Night Sitters-In Service, which in some parts of the country has been found to be of the greatest value.

#### Rural Areas.

Good neighbourliness still seems to prevail to a larger extent in a rural community, and the calls on the Service, especially for emergency help, are far less in the country districts than in the towns. When requests are received every effort is made to recruit help locally, but this is not always possible and it does sometimes mean travelling a Help from the nearest centre. All forms of transport are used, for example a Help going daily to an isolated house not on or near any bus route, was conveyed by a car returning to the village after taking children to school, and was later collected by the milkman when he had finished his rounds. Frequently bicycles are left at collecting points and often a Help may have to walk long distances whatever the weather. Two Helps have used their own cars, one her motor-bicycle and another her autocycle. This form of transport has proved very valuable and saved considerable travelling time.

#### International and Social Activities.

It is interesting to find that the Home Help Service has been adopted in other countries. Some Organisers attended the Second International Conference and Summer School held in Oxford from 29th September to 2nd October, 1956, at which 15 countries were represented. Speakers from several countries overseas gave a very good word picture of how their services for the family and the aged have grown up around the needs peculiar to their national character, standard of living, and particularly, of terrain. The Swedish delegate had the most to offer to the British delegates bearing in mind the present trend towards the training of home helps, introduction of night services and the care of problem families.

Three Home Helps, from Fareham, Gosport and Winchester attended a Home Help International Conference held in Trondheim, Norway, at the invitation of the Norwegian Home Help Service. These Helps spent a very interesting and instructive week, and had the opportunity of learning much from individual Home Helps from Norway, Sweden, Denmark and Finland, about the countries they represented, the practice of their administration and the different problems encountered. All the Helps recorded their deep appreciation of the hospitality extended to them by their hosts, and as one Help stated in her report on the visit "I would personally like to assure the readers of this report that despite the fact that our Home Help Service has not attained the standard that it has in Scandinavia, this Country is held in very high esteem and wherever I went, or whatever company I found myself, I was made to feel proud that I was British". The Social Clubs contributed towards the expenses of the Helps attending this Conference.

At the County Rally held in Winchester on 6th October, Mrs. Clara Ottesen of the Norwegian Ministry of Social Affairs, dressed in her picturesque national costume, gave a very clear picture of the Home Help Service in Norway, and also showed a Norwegian Film of the Service.

Social Club activities have again been organised in six Divisions. In two Divisions the Social Clubs have entertained the old people and in one Division a gift of one cwt of coal was given to the aged patients at Christmas. Parties for the Helps and their friends were held in Fareham, Farnborough, Gosport and Winchester and outings arranged during the summer months.

#### Statistics.

During the year 2816 applications were received and investigated, of these 713 were either withdrawn or did not qualify, and 116 were Advanced Bookings on 31st December, 1956. Applications were referred by:-

Family Doctor ...	1740	Health Visitors ...	37
Almoner ... ..	241	Children's Visitors	5
Chest Physician ...	15	Welfare Officers ...	38
District Nurse/		National Assistance	
Midwives	290	Board	49
		Other sources ...	433

Three thousand, two hundred and thirty-six cases were helped, 339 more than in the previous year.

<u>Division</u>	<u>Short Term</u>					<u>Long Term</u>			<u>Total</u>
	<u>Maternity</u>	<u>General Sickness</u>	<u>Post Hospital</u>	<u>Child Care</u>	<u>Chronic</u>	<u>Aged Sick &amp; Infirm</u>	<u>Tuber-culosis</u>	<u>Spec-ial</u>	
I	106	172	39	32	29	237	6	-	621
II	70	60	37	8	47	231	6	1	460
III	52	62	27	-	47	189	16	1	394
IV	36	37	19	4	40	184	8	-	328
V	54	62	38	12	51	233	4	1	455
VI	68	39	13	11	19	175	13	2	340
VII	39	64	19	12	20	208	4	2	368
VIII	26	73	26	7	4	129	5	-	270
Total:-	451 (409)	569 (499)	218 (204)	86 (64)	257 (224)	1586 (1404)	62 (89)	7 (4)	3236 (2572)

Figures in brackets relate to 1955.

- + Division I Aldershot M.B., Farnborough U.D., Fleet U.D.,  
Hartley Wintney R.D.
- Division II Fareham U.D., Droxford R.D.
- Division III Gosport M.B.
- Division IV Eastleigh M.B., Winchester R.D., Romsey M.B.,  
Romsey and Stockbridge R.D.
- Division V Christchurch M.B., Lymington M.B., New Forest R.D.,  
Ringwood and Fordingbridge R.D.
- Division VI Havant and Waterloo U.D., Petersfield U.D. and R.D.,  
Alton U.D. and R.D.
- Division VII Basingstoke M.B. and R.D., Andover M.B. and R.D.,  
Kingsclere and Whitchurch R.D.
- Division VIII Winchester City.

The number of Home Helps on the Register on 31st December, 1956, was 764.

An increase in the weekly case load of 126 has meant considerably more work for the organisers and their clerical assistants. The appointment of a Relief Organiser in the New Year will ease the situation for holiday and sickness periods.

The number of visits paid by the Organisers and their clerical assistants was 26,019.

#### MENTAL HEALTH (SECTION 51)

##### 1. Administration

(a) The administrative arrangements under Sections 28 and 51 of the National Health Service Act were set out in considerable detail in my 1955 report and only alterations are now mentioned.

The Mental Health Sub-Committee consisted in 1956 of 10 members of the Health Committee and 4 co-opted members.

(b) The number of voluntary visitors whose services were available was reduced from 45 to 40.

Occupation Centre staff at the close of the year totalled 6 Supervisors, 6 Assistant Supervisors, 3 cooks, 4 guide-helpers and several guides.

##### (c) Co-ordination with Regional Hospital Boards, etc.

There is representation of the County Council on the Coldeast and Tatchbury Mount Hospital Management Committee.

The Medical Officers of the hospitals for the mentally defective and the mentally ill act as consultants when necessary. Patients are seen at the following Out-Patient Clinics established throughout the County:-

<u>Psychiatric Clinics</u> by timed appointments only.	<u>Type</u>	<u>Day</u>	<u>Time</u>	<u>Hospital</u> <u>staffing clinic</u>
Holbrook Health Clinic Gosport	Diagnostic & Therapeutic	Tuesday	2.15 p.m.	Knowle
Ravenswood House, Knowle	" "	Wednesday 1st Friday of each month	2.15 p.m. " "	"
Ravenswood House, Knowle (Special Clinic by timed appointment. Arranged through own doctor)	" "	Monday Tuesday Wednesday Thursday Friday	2 p.m. 2 p.m. 2 p.m. 3.30 p.m. 2 p.m.	" " " " "
Urgent Cases only.	" "	Saturday	2 p.m.	"



<u>Psychiatric Clinics</u> by timed appointments only.	<u>Type</u>	<u>Day</u>	<u>Time</u>	<u>Hospital</u> <u>staffing clinic</u>
Health Centre, King's Park Road, Southampton.	Diagnostic & Therapeutic " "	Monday Wednesday Friday	2.15 p.m. 2.15 p.m. 2.15 p.m.	Knowle " "
Health Clinic, Hillcroft, New Street, Lymington.	" "	Thursday	2.15 p.m.	"
Aldershot General Hospital	Diagnostic & psycho-therapeutic	Monday Tuesday Friday	2 p.m. 2 p.m. 2.15 p.m.	Park Prewett " " "
Alton General Hospital	" "	Tuesday	2.30 p.m.	" "
Andover Health Clinic	" "	1st, 2nd, 3rd & 5th Tuesday in month	2.15 p.m.	" "
Basingstoke Health Clinic	" "	Monday Friday	2 p.m. 2 p.m.	" " "
Pinewood Hospital Park Prewett	" " & E.C.T.	Monday Tuesday	2 p.m. Urgent cases by special appointment	" " "
	" "	Thursday	2 p.m.	" "
Royal Hants County Hospital, Winchester	Diagnostic & psycho- therapeutic	Tuesday Thursday Friday	2.15 p.m. 2.30 p.m. 2.15 p.m.	" " " "

#### Mental Deficiency Clinics

Mental deficiency cases in the middle and southern part of the County are seen by special appointment by the medical staff of Coldeast and Tatchbury Mount Hospital Group. Cases in the northern part of the County can be seen by arrangement at St. Mary's Home, Alton, by the medical staff of Botleys Park Hospital, Chertsey, Surrey.

#### Licence Cases

The supervision of patients on licence from the hospitals for mental defectives within the County is undertaken by the Coldeast and Tatchbury Mount Group Hospital Management Committee's Social Workers; cases on licence in the County from hospitals outside the County are supervised, by arrangement, by officers of this Authority who are also available for any other enquiries on behalf of the Committee concerned. The medical certificates and reports required when the Orders are to be reviewed are provided as requested by the staff of the Health Department.

#### After Care

The after-care of ex-service personnel has been undertaken by the officers of the Hospital Management Committee of the appropriate mental hospital. Soldiers discharged from the Army on psychiatric grounds are visited by an Area Welfare Officer who refers cases, if necessary, to a psychiatrist.

#### (d) Duties delegated to Voluntary Associations

No duties have been delegated to Voluntary Associations but the services of visitors of the Hampshire Voluntary Association for Mental Welfare are used in connection with the periodical visiting of mental defectives. A grant is made to the Association. The Guardianship Society, Brighton, has been helpful in finding suitable guardians and at the end of 1956 there were 10 cases so placed. The services of the National Association for Mental Health have been used on occasion in securing holidays and in advising on general matters.

(e) Training

Advantage is taken of the refresher courses run by the National Association for Mental Health and other bodies for Duly Authorised Officers and staff of Occupation Centres. During the year one unqualified Assistant Supervisor began the course for the Diploma of the National Association for Mental Health.

2. Account of Work undertaken in the Community.(A) Mental Illness

As far as possible, patients at Out-Patient Clinics, "Observation" Hospitals and Mental Hospitals are under the same psychiatrist. The catchment areas of all three, now co-terminous, are as follows:-

Park Prewett Hospital

Aldershot M.B.  
 Alton U.D. and R.D.  
 Andover M.B. and R.D.  
 Basingstoke M.B. and R.D.  
 Christchurch M.B.  
 Eastleigh M.B.  
 Farnborough U.D.  
 Fleet U.D.  
 Hartley Wintney R.D.  
 Kingsclere and Whitchurch R.D.  
 Petersfield U.D. and R.D.  
 Romsey M.B.  
 Romsey and Stockbridge R.D.  
 Winchester City.  
 Winchester R.D. (Except parishes of West End, Hedge End, Botley, Bursledon, Hound and Hamble).  
 Bournemouth.

Knowle Hospital

Droxford R.D.  
 Fareham U.D.  
 Gosport M.B.  
 Lymington M.B.  
 New Forest R.D.  
 Winchester R.D. part, viz:  
     parishes of West End,  
     Hedge End, Botley,  
     Bursledon, Hound and  
     Hamble only.

The Old Manor, Salisbury, is ancillary to Knowle Hospital and admits cases from the Ringwood and Fordingbridge Rural District, the Boroughs of New Sarum and Wilton and the Rural Districts of Amesbury, Mere and Tisbury and Salisbury and Wilton. St. James' Hospital, Portsmouth, serves Portsmouth C.B. and Havant and Waterlooville U.D. The observation ward at Kingsclere Hospital was closed at the end of the year and accommodation was provided instead at Park Prewett Hospital.

Eight Area Welfare Officers, six male and two female, on the staff of the Welfare Department continue to give service as Duly Authorised Officers. All are Associate Members of the Institute of Social Welfare.

The work of the Duly Authorised Officers includes:-

1. Obtaining Orders for, and removal of, certified cases to Mental Hospitals under the Lunacy Acts.
2. Removal of "uncertified" cases to other hospitals for "observation" under 3-day Orders under the Lunacy Act 1890, Section 20.
3. Assisting in admission of voluntary or of temporary patients to Mental hospitals under the Mental Treatment Act 1930.

Each officer is primarily responsible for a particular area of the County; special arrangements are made, however, for holiday periods and weekends.

Action taken during 1956 under the Lunacy and Mental Treatment Acts by Duly Authorised Officers was as follows:-

Patients admitted to Mental Hospitals:

Under Section 5 of the Lunacy Act	...	-	
Under Section 11 of the Lunacy Act	...	100	
Under Sections 14, 15 and 16 of the Lunacy Act	...	171	
Under Section 20 of the Lunacy Act	...	<u>369</u>	640
Under Section 1 of the Mental Treatment Act	...	256	
Under Section 5 of the Mental Treatment Act	...	<u>59</u>	315
Under Section 24 of the Criminal Justice Act	...	1	<u>1</u>
			<u>956</u>

Preventive Aspect

The Area Welfare Officers continue to co-operate with the officers of the Hospital Management Committees in exercising supervision, if required, over discharged hospital cases. The majority of discharged cases are supervised, under the after-care scheme, by the visitors of the Women's Voluntary Service.

The preventive aspect of the Area Welfare Officer's work is shown by their dealing with domestic, housing, employment, financial and mental difficulties as part of their routine job. They can arrange the attendance for advice and investigation at Out-Patient Clinics of patients possibly in the early stages of mental breakdown and in alleviating strain even before psychiatric advice is sought. Such work is directed to the prevention of physical or mental breakdown.

(B) Mental Deficiency(i) Ascertainment, etc.

As regards ascertainment, the two chief sources of referral are the Education Authority (in regard to children aged 2 to 16) and the Health Visiting Service (in connection with children under the age of 2), but some cases are referred for ascertainment by relatives, general medical practitioners, employers and employment agencies, hospitals, voluntary societies, etc. All ascertainment, except for a few cases ascertained by the Regional Hospital Board's Consultants, is carried out by the medical staff of the Department. All the medical officers approved by the Ministry of Education for the ascertainment of educationally sub-normal children are designated by the Health Committee as Certifying Officers under the Mental Deficiency Acts.

New cases of mental deficiency within the meaning  
of the Mental Deficiency Acts ascertained during the year: 110

Of these:-

Provided with hospital care and/or training	...	...	10	
Placed under supervision	...	...	86	
Placed under Guardianship	...	...	6	
Placed under Voluntary Supervision	...	...	<u>8</u>	110

At the end of the year there was a total of 2,173 mental defectives as follows:-

Under statutory supervision	...	...	...	...	778	
Under Guardianship	...	...	...	...	52	
Under voluntary supervision	...	...	...	...	<u>389</u>	1219
In hospital	...	...	...	...	...	<u>954</u>
						<u>2173</u>

87 cases were awaiting admission to hospital.



## Guardianship

At the end of 1956, Hampshire defectives under Guardianship Orders totalled 52, of whom 34 were resident in the County area, 8 resident outside the County and 10 were in the care of the Guardianship Society. In addition, there were 9 the responsibility of other Local Health Authorities on behalf of whom this Council's officers visit, furnish reports and undertake reviews of Orders. All these cases are visited quarterly by a Mental Health Social Worker and at least annually by a Medical Officer. The attention of the National Assistance Board is drawn to any need, financial or otherwise, apparent to the officer. Whenever possible, attendance at an Occupation Centre is arranged. This applies to ex-County Guardianship cases in Hampshire and to Hampshire cases resident elsewhere.

During the year, 4 Varying Orders were obtained transferring to Guardianship cases who had been on licence from hospital for varying lengths of time.

Guardianship, as a rule, is intended for those who do not require institutional care but who need more control than can usually be provided by statutory supervision. An Order which places a defective under Guardianship confers on the Guardian the powers which could be exercised by a parent.

The catchment areas for the Mental Deficiency hospitals of the South West Metropolitan Regional Hospital Board are as follows:-

	<u>Total</u> <u>Accommodation</u>	<u>Basis of Admission</u>
Botleys Park Group	1547	(West Surrey 3 cases (Hampshire 2 cases (Portsmouth 1 case
<u>Coldeast Group:</u>	<u>Places</u>	Admissions to Coldeast and
Coldeast Hospital	620	Tatchbury Mount Hospitals
Titchborne Down	121	are arranged on a regional
Denmead Hostel	24	basis, regard being given to
Berewecke Hostel	<u>23</u>	the distribution of population
	788	in the Local Authority districts
		of the catchment areas and the
		particular urgency. The basis
		is as follows:-
<u>Tatchbury Mount Group</u>		Hampshire 4 cases
Tatchbury Mount		Dorset 4 cases
Hospital	400	Southampton 3 cases
Coldharbour		Bournemouth 2 cases
Hospital	<u>160</u>	Isle of Wight occasional vacar.
	560	Wiltshire 1 case
	1348	

The number of cases admitted during 1956 to the three main hospitals was as follows:-

Coldeast 3; Tatchbury Mount 6; Botleys Park 8.

The number on the waiting list varies little from month to month and indeed from year to year.

Much is heard of staff difficulties and building extensions but one is, at times, tempted to enquire if sufficiently good use is made of the staff and accommodation already available. Hospital beds are urgently needed for many on the waiting list. The unhappiness and misery caused in many homes by the presence of uncontrollable, low-grade and destructive patients are known only to those workers making frequent visits. It is impossible to assess how much ill-health and how much suffering is being caused by the constant supervision demanded of relatives. One has to balance the risks of licensing cases against that of postponing urgent admissions. With the limited number of Mental Deficiency Hospital beds, it is vital that patients are viewed in all possible instances as persons to be trained in the hope that they will eventually return to the community.

One alternative which has suggested itself and which is at present receiving consideration is the establishment of hostels not only for employable defectives on licence but for uncertified cases capable of work but with no accommodation. These two measures would help to ensure that no hospital bed was occupied unnecessarily and that it was used solely for the type of patient for which it was intended. Supervision in a hostel could be exercised by a staff not necessarily drawn from the shrinking pool of available nursing labour.

Implementation of a policy which includes these two measures would go far to solving this pressing problem of finding much needed hospital accommodation.

Mental Deficiency Regulation 94 provides that when a patient in an institution under Order becomes suitable for guardianship, the responsible Local Health Authority is to be notified. During 1956, four Hampshire cases were considered suitable for such transfer and Varying Orders were obtained. Also during 1956, a number of cases, subjects of Varying Orders in previous years, were discharged from Guardianship Orders. Arising from Ministry of Health Circular H.M.(56)25, it is clear that after the expiry of a year on licence, a hospital case must be considered with a view to either discharge from the Order or variation of the Order. Following the obtaining of a Varying Order, responsibility for compliance with the requirements of the Acts and Regulations falls on the Local Health Authority and they must, therefore, review each proposal for the obtaining of a Varying Order with some care. In particular, they must satisfy themselves that there is need for guardianship and that the degree of supervision required by the patient is not only of such an extent that an Order is justified but also that only by guardianship would sufficient care, control and supervision be exercised.

Each case requires to be dealt with on its merits but, in some, it is difficult to accept that any greater control and supervision could be exercised by a Guardianship Order than by friendly supervision. There seems little benefit, for example, to be gained by transferring to guardianship a patient who has been on licence to the care of a parent for several years. Equally there is little to gain from transferring, after a long period of licence to an employer, to guardianship under the same employer unless there are overwhelming reasons for continuation of an Order. Such instances will occur in the future with increased frequency and I am of the opinion that Hospital Management Committees will need to review such cases with care and produce convincing evidence that greater benefit will arise from Variation of an Order than from its discharge.

(ii) Occupation and training outside the Home or Institution  
Occupation Centres

Six County Council Occupation Centres in Basingstoke, Christchurch, Farnborough (North East Hants), Gosport, Havant and Winchester are functioning. In addition, a few places are available at Training Centres under the control of Southampton County Borough, Wiltshire County Council at Salisbury and at Coldeast and Tatchbury Mount Hospitals.

Towards the close of the year, the Committee were considering the opening of a Centre in Eastleigh.

As far as is practically possible, supervision of children and adults who attend Occupation Centres is exercised by the Mental Health Social Worker who acts as Supervisor of County Centres. Details of transport and arrangements for escorting and provision of meals are effected by this Social Worker who acts as a liaison between the home and the Centre. The following table shows the increase over the past seven years in the number of trainees daily attending the Occupation Centres:-



Centre	Oct. 1950		Oct. 1952		Oct. 1954		Oct. 1956	
	No. on Roll	Av. Attendance	No. on Roll	Av. Attendance	No. on Roll	Av. Attendance	No. on Roll	Av. attendance
Basingstoke	-	-	16	9.1	29	18.5	37	25.7
Christchurch	22	12.5	22	19.7	30	25.4	48	36.3
Gosport	24	17.6	26	15	25	16.8	42	28.6
Havant	-	-	-	-	22	14.8	23	16.4
North East Hants	23	19.3	31	24.4	30	25.7	41	30.2
Winchester	35	24.9	40	24.6	35	22.5	41	30.2
Totals:	104	74.3	135	92.8	171	123.7	232	167.4

In December 1955, the number of children under 16 in England and Wales attending Occupation Centres was 5055 with 2942 regarded as suitable for training at Occupation Centres but not receiving it. In December 1955, in Hampshire, the corresponding numbers were 146 and 23. In the country as a whole, therefore, 63% of suitable children were receiving training, in this County 86%.

The Supervisor of Occupation Centres has contributed the following notes:-

"Practically all mentally handicapped children are capable of being trained in some way and the Occupation Centre is the right place for him to receive his training. The child is able to remain in the family circle and to attend daily just as a normal child goes to school. These Centres, known as Occupation Centres, should really be called Training Centres. In all County Centres, training is given to every pupil according to his ability and all benefit by the daily attendance, by the regular habits formed and by learning to live peaceably as one of the larger group.

The training given in kindergarten subjects and in the wide variety of handicrafts is excellent but the finest result of the work of the staff is the improved social ability of the defective; his learning to dress and undress without help, his desire to go on small shopping errands, his ability to live as far as possible within the immediate social circle quietly, calmly and without drawing undue attention to himself.

Every Centre has its own Parents' Association and regular meetings have been held. These prove most helpful and discussion between parents, staff and Social Worker can do much to lighten the very heavy burden borne by the parents of the handicapped.

The usual activities have been arranged; open days, summer outings, Christmas parties and sales of work. In December, Gosport Centre held the first Carol Service in their own Church. The Rector and Curate were most co-operative and welcomed this innovation. The children walked from the Centre to the Church, there joined the parents where all took part in the singing and readings. Many parents said how they had appreciated the service and that it was the first time they had ever ventured into Church with their handicapped child.

Through the kindness of the Medical Superintendent of Coldeast Hospital, the pupils and staff from Christchurch Centre were able to visit the hospital on their Sports Day and also on the occasion of the Christmas pantomime.

The parents of the North East Hants Centre were again invited to visit Botleys Park Hospital. This is now an annual event eagerly awaited. Matron showed the party round and willingly answered questions and calmed the fears of some of the visitors.



These visits do much to relieve the anxiety about the future which all parents have; they see happy, contented patients busy with jobs and well cared for and they know that eventually their own child will receive similar care if the need should arise.

The need for holiday premises for Centre pupils has been recognised for some time and in 1956 it was possible to arrange a holiday on Hayling Island for just over one hundred handicapped boys and girls. Through the kindness of the South West Metropolitan Regional Hospital Board, we were allowed to use the children's wards of the seaside branch of Lord Mayor Treloar Hospital. The staffs of the Centres gave up two weeks of their summer holidays for the benefit of the children. It was a magnificent voluntary effort. Two parents came to help; one did all the cooking for this large party and in spite of the most appalling weather, almost continual gales and rain storms, the children had a wonderful time and the parents were able to relax and take their holidays knowing that their children were also enjoying a holiday as well. The gratitude of the parents was almost overwhelming.

It is hoped that at some future time the County Council will own seaside premises which can be used regularly by parties from the Centres; there is a real need for this type of provision."

Hampshire is becoming reasonably well provided with training facilities for mental defectives. Not only are the six existing Centres under this Authority well situated from the point of view of density of population, but the transport of defectives living in outlying areas has been so arranged that there is hardly need for anyone to be denied attendance at an Occupation Centre on the grounds that it is inaccessible.

Attention can now, therefore, be increasingly paid to other aspects of this work and every effort is being made to achieve progress along the following lines:-

- (1) Increase of staff at all Centres - in particular, trained teaching staff.
- (2) Replacement of rented premises (Church Halls, etc.), by permanent buildings owned by the Council designed and equipped as Occupation Centres.
- (3) An improvement in transport facilities, if necessary by the use of transport owned and operated by the Council.

It should be emphasised that one of the purposes of an Occupation Centre is to give training to those children who have been excluded under Section 57(3) of the Education Act 1944 from receiving education at school and who have been placed under statutory supervision, or in some cases under Guardianship under the Acts. The ultimate aim of the instruction given in an Occupation Centre is to train the mentally handicapped child to occupy a useful place in the community. At the present time, however, the Occupation Centres are catering not only for children who come within these categories, but also for those who fall into the following classifications:-

- (1) Epileptic children and adults who should rightly be in the epileptic ward of an institution where care, supervision and medication are constantly provided in order to afford them the best possible treatment.
- (2) Low-grade, destructive, vicious children, who need constant vigilance to prevent damage to furniture and fittings and injury to other children.
- (3) Children with physical disabilities who need care and training and, in many cases, special apparatus to assist them in overcoming their handicaps and should rightly have care in a properly equipped hospital.

All these patients tend to disorganise the normal routine of the Centre. They are a great strain on an already overburdened staff and create problems of supervision regarding their feeding and hygiene with which there are insufficient staff to deal. A number of these patients are on the waiting list for admission to a recognised Mental Deficiency Hospital and, in addition, there are patients on the waiting list for admission to certain Occupation Centres some of whom should rightly be having hospital care and training.

Until and unless the number of vacancies allotted to Hampshire by the South West Metropolitan Regional Hospital Board is increased considerably, the work in the Centres cannot be properly carried out. They are, at the moment, functioning to some extent as "Annexes" or "Day Hospitals" to the recognised Mental Deficiency Hospital. If this situation continues, it may well be that, in order to give proper training to those children who would really benefit, it may be necessary to form separate non-instructional groups, suitably staffed, at every Centre where the presence of children in other categories presents a problem.

OTHER ENACTMENTSPREVALENCE AND CONTROL OVER INFECTIOUS DISEASE

The following table summarises the corrected quarterly returns of notifications received during the year and compares the incidence in 1956 in Urban and Rural Districts with that in 1955:-

	Rural Districts		Urban Districts		Total Notifications		No. per 100,000	
	1955	1956	1955	1956	1955	1956	1955	1956
Scarlet Fever	141	190	173	124	314	314	46.1	44.9
Diphtheria	-	1	-	-	-	1	-	0.1
Enteric and Paratyphoid	3	-	3	2	6	2	0.9	0.3
Pneumonia	110	99	132	128	242	227	35.6	32.5
Puerperal Pyrexia	29	24	79	92	108	116	15.9	16.6
Meningococcal Infection	3	5	10	7	13	12	1.9	1.7
Acute Poliomyelitis	34	16	48	24	82	40	12.0	5.7
Acute Encephalitis	1	-	3	2	4	2	0.6	0.3
Dysentery	182	187	112	142	294	329	43.2	47.1
Ophthalmia Neonatorum	5	2	19	5	24	7	3.5	1.0
Erysipelas	21	21	23	42	44	63	6.5	9.0
Pulmonary Tuberculosis	162	158	237	257	399	415	58.6	59.4
Other Tuberculosis	39	29	37	37	76	66	11.2	9.4
Malaria	16	-	7	2	23	2	3.4	0.3
Measles	4541	766	7585	1747	12126	2513	1781.7	359.5
Whooping Cough	481	502	435	539	916	1041	134.6	148.9
Food Poisoning	49	61	57	40	106	101	15.6	14.4

The control over infectious disease is largely in the hands of the Medical Officers of Health of the County District Councils with whom there is excellent contact.

Steps to prevent infection through health education and vaccination and immunisation schemes are mentioned earlier in the report.





## NOTIFICATIONS OF INFECTIOUS DISEASE, 1956

## RURAL DISTRICTS

[illegible]

OPHTHALMIA NEONATORUM

Six cases of Ophthalmia Neonatorum were notified during the year: in no case was there any impairment of vision.

EPILEPTICS AND CEREBRAL PALSY

There is no information available in the Health Department as to the incidence of epilepsy or cerebral palsy apart from the number of children of school age who suffer from these complaints to such a degree that special educational treatment is required. There are known to be others who do not need special educational treatment because of the mildness with which they are affected. The names of all children who have needed special consideration while at school are passed to the County Education Officer for information of the Youth Employment Officers and to the County Welfare Officer for the attention of his Department, so that appropriate employment can be found and supervision of their welfare be maintained.

The number of children from the age of 2 to 15 who had been ascertained as epileptic on 31st December, 1956, was 31 and as physically handicapped because of cerebral palsy was 82 (March 1957). There are in addition known to this department, a number who suffer from mental defect as well as epilepsy or cerebral palsy to such an extent as to render them incapable of education, and a large number who, as mentioned above, are affected so slightly as to need no special provision made for them.

HEALTH CONTROL OF AIRPORTS

The following are the details of aircraft and passengers landed at the Blackbushe Airport during 1956:-

<u>Area Aircraft arriving from:</u>	<u>Aircraft</u>		<u>Passengers</u>	
	1955	1956	1955	1956
Excepted Area ... ..	1,062	1,381	14,684	26,498
Europe outside Excepted Area ... ..	990	1,763	21,558	42,279
North America ... ..	34	63	726	933
Central and South America ... ..	-	-	-	-
Africa ... ..	499	475	20,624	15,917
Asia ... ..	127	124	7,481	6,057
Totals:-	2,712	3,806	65,073	91,702

The large increase in aircraft and passengers from Europe outside Excepted Area reflects the acceptance into this country of refugees from Hungary.

REGISTRATION OF NURSING HOMES

Two Nursing Homes were opened during the year with a total of 31 beds.

Three Homes were closed, which had had a total of 43 beds (including nine maternity beds in one of the Homes).

At the end of the year there were 39 Registered Nursing Homes functioning, these having 456 beds, of which 31 were set apart for Maternity cases. The total number of patients admitted to these 39 Nursing Homes was 1,435, of whom 297 were Maternity cases.

There were certain permitted variations of the bed accommodation at existing Homes during the year.



NURSES ACT, 1943 - NURSES AGENCIES REGULATION, 1948.

No licence was granted during the year, therefore there are no Nurses Agencies operating in the County.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

At the end of the year there were 28 persons registered under this Act to have the care of children in their own homes. These provided for 244 children.

Six premises hired by Private Daily Minders were also registered at the end of the year, catering for a total of 232 children.

Regular routine visits were made by Health Visitors who give advice and guidance to the minder on the care of the children.

BLIND

During 1956, fiftyeight men and one hundred and two women were certified as blind - a total of 160 against 153 in 1955. Of these, 9 males and 9 females were under 60 years of age (i.e. born in 1897 or later) when certified, approximately 11% of the total notifications. The year of birth and cause of blindness in these cases was as follows:-

<u>Male</u>	<u>Female</u>
1898 Arterio sclerosis	1898 Amblyopia & cataract
1898 Central retinal vein thrombosis, glaucoma and cataract.	1898 Rosacea cataract
1899 Diabetic retinitis	1900 Chronic glaucoma
1907 Tridocyclitis	1901 High myopia
1909 Optic atrophy & retio-bulbar sclerosis	1902 Ophthalmia Neonatorum
1922 Choroid retinitis	1903 Disseminated choroiditis
1936 Trauma	1904 Hysterical amblyopia
1937 Keratitis	1909 Cataract
1953 Retrolental fibroplasia	1919 Cataract

The follow-up of persons registered as blind is carried out by the Hampshire Association for the Blind. The following table shows the numbers of persons registered during 1956, the treatment recommended, if any, and the treatment received up to the time this report was prepared:-

Cause of Disability														
1.	2		3		4		5		6		7		8	
	Cataract		Cataract assoc. with other causes		Glaucoma		Glaucoma assoc. with other causes +		Diabetes		Retro- lental fibro- plasia		Other	
1. No. of Cases Registered	12	34	11	9	7	13	1	1	2	2	1	-	24	43
2. No. Requiring No treatment	6	22	5	5	3	3	-	1	-	2	1	-	15	28
3. No. Requiring Treatment (medical, surgical or optical).	6	12	6	4	4	10	1	-	2	-	-	-	9	15
4. No. who had had or were having Treatment at time of follow-up	1	8	4	2	3	9	1	-	2	-	-	-	7	11

+ excluding cataract which are included in Column 3.

One Female, aged 54 years, was registered as blind because of lens opacities the primary cause of which was said to be Ophthalmia Neonatorum.

DEATHS DURING 19561. Causes

	Causes of death					Male	Female	Total
1	Tuberculosis, respiratory	...	...	...	...	33	22	55
2	Tuberculosis, other	...	...	...	...	2	1	3
3	Syphilitic disease	...	...	...	...	10	5	15
4	Diphtheria	...	...	...	...	-	-	-
5	Whooping Cough	...	...	...	...	1	2	3
6	Meningococcal infections	...	...	...	...	-	-	-
7	Acute poliomyelitis	...	...	...	...	2	-	2
8	Measles	...	...	...	...	1	2	3
9	Other infective and parasitic diseases	...	...	...	...	10	14	24
10	Malignant neoplasm, stomach	...	...	...	...	100	61	161
11	Malignant neoplasm, lung, bronchus	...	...	...	...	204	35	239
12	Malignant neoplasm, breast	...	...	...	...	1	133	134
13	Malignant neoplasm, uterus	...	...	...	...	-	60	60
14	Other malignant and lymphatic neoplasms	...	...	...	...	344	302	646
15	Leukaemia and aleukaemia	...	...	...	...	20	21	41
16	Diabetes	...	...	...	...	14	25	39
17	Vascular lesions of the nervous system	...	...	...	...	466	653	1119
18	Coronary Disease, angina	...	...	...	...	654	408	1062
19	Hypertension with heart disease	...	...	...	...	72	92	164
20	Other heart disease	...	...	...	...	650	834	1484
21	Other circulatory disease	...	...	...	...	158	153	311
22	Influenza	...	...	...	...	31	32	63
23	Pneumonia	...	...	...	...	156	188	344
24	Bronchitis	...	...	...	...	198	122	320
25	Other diseases of the respiratory system	...	...	...	...	39	24	63
26	Ulcer of stomach and duodenum	...	...	...	...	55	24	79
27	Gastritis, enteritis and diarrhoea	...	...	...	...	8	21	29
28	Nephritis and nephrosis	...	...	...	...	36	32	68
29	Hyperplasia of prostate	...	...	...	...	59	-	59
30	Pregnancy, childbirth, abortion	...	...	...	...	-	5	5
31	Congenital malformations	...	...	...	...	35	28	63
32	Other defined and ill-defined diseases	...	...	...	...	326	384	710
33	Motor Vehicle accidents	...	...	...	...	65	18	83
34	All other accidents	...	...	...	...	85	79	164
35	Suicide	...	...	...	...	41	33	74
36	Homicide and operations of war	...	...	...	...	5	1	6
Total (all causes)						3881	3814	7695



2. Age Groups

Deaths from all Causes in Age Groups

Age Groups	Males				Females				Total Deaths			
	1956	1955	1954	1953	1956	1955	1954	1953	1956	1955	1954	1953
0-	130	140	154	156	100	102	110	109	230	242	264	265
1-	18	31	25	40	21	17	16	24	39	48	41	64
5-	17	20	27	30	13	20	18	18	30	40	45	48
15-	57	58	58	58	21	16	18	29	78	74	76	87
25-	136	137	160	161	117	116	98	108	253	253	258	269
45-	826	827	872	820	595	550	586	567	1421	1377	1458	1387
65-	1042	1024	1014	1082	844	837	757	819	1886	1861	1771	1901
75-	1655	1642	1387	1482	2103	2004	1741	1924	3758	3646	3128	3406
	3881	3879	3697	3829	3814	3662	3344	3598	7695	7541	7041	7427

Population

1956	...	...	...	699,000
1955	...	...	...	680,600
1954	...	...	...	670,850
1953	...	...	...	676,200











